

THE TEEN BRAIN: 7 THINGS TO KNOW

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

DID YOU KNOW THAT **BIG AND IMPORTANT CHANGES** ARE HAPPENING IN THE BRAIN DURING ADOLESCENCE? HERE ARE **7 THINGS TO KNOW ABOUT THE TEEN BRAIN:**

1 THE BRAIN REACHES ITS BIGGEST SIZE IN EARLY ADOLESCENCE.

For girls, the brain reaches its biggest size around 11 years old. For boys, the brain reaches its biggest size around age 14. But this difference does not mean either boys or girls are smarter than one another!



2 THE BRAIN CONTINUES TO MATURE EVEN AFTER IT IS DONE GROWING.

Though the brain may be done growing in size, it does not finish developing and maturing until the mid- to late 20s. The front part of the brain, called the prefrontal cortex, is one of the last brain regions to mature. This area is responsible for skills like planning, prioritizing, and controlling impulses. Because these skills are still developing, teens are more likely to engage in risky behaviors without considering the potential results of their decisions.



3 THE TEEN BRAIN IS READY TO LEARN AND ADAPT.

The teen brain has lots of plasticity, which means it can change, adapt, and respond to its environment. Challenging academics or mental activities, exercise, and creative activities such as art can help the brain mature and learn.



4 MANY MENTAL DISORDERS MAY BEGIN TO APPEAR DURING ADOLESCENCE.

Ongoing changes in the brain, along with physical, emotional, and social changes, can make teens vulnerable to mental health problems. All the big changes the brain is experiencing may explain why adolescence is a time when many mental disorders—such as schizophrenia, anxiety, depression, bipolar disorder, and eating disorders—can emerge.



5 TEEN BRAINS MAY BE MORE VULNERABLE TO STRESS.

Because the teen brain is still developing, teens may respond to stress differently than adults, which could lead to stress-related mental disorders such as anxiety and depression. Mindfulness, which is a psychological process of actively paying attention to the present moment, may help teens cope with and reduce stress. More information on managing stress is available in the National Institute of Mental Health's fact sheet, 5 Things You Should Know About Stress (www.nimh.nih.gov/stress).



6 TEENS NEED MORE SLEEP THAN CHILDREN AND ADULTS.

Research shows that melatonin (the “sleep hormone”) levels in the blood are naturally higher later at night and drop later in the morning in teens than in most children and adults. This difference may explain why many teens stay up late and struggle with getting up in the morning. Teens should get about 9 to 10 hours of sleep a night, but most teens do not get enough sleep. A lack of sleep can make it difficult to pay attention, may increase impulsivity, and may increase the risk for irritability or depression.



7 THE TEEN BRAIN IS RESILIENT.

Although adolescence is a vulnerable time for the brain and for teenagers in general, most teens go on to become healthy adults. Some changes in the brain during this important phase of development actually may help protect against long-term mental disorders.



FINDING HELP

If you or someone you know has a mental illness, is struggling emotionally, or has concerns about their mental health, there are ways to get help. Find more information at www.nimh.nih.gov/findhelp.

Communicating well with your doctor or other health care provider can improve your care and help you both make good choices about your health. Find tips to help prepare and get the most out of your visit at www.nimh.nih.gov/talkingtips.

If you are in immediate distress or are thinking about hurting yourself, call the National Suicide Prevention Lifeline toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the Crisis Text Line (HELLO to 741741) or go to the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.



www.nimh.nih.gov

NIH Publication No. 20-MH-8078
Revised 2020



Helping Children and Adolescents Cope With Disasters and Other Traumatic Events

*What Parents, Rescue Workers,
and the Community Can Do*



National Institute
of Mental Health

Each year, children and adolescents experience disasters and other traumatic events. Parents, rescue workers, and members of the larger community can help children start the process of recovery and overcome these experiences.

What is trauma?

When people think of trauma, they often focus on physical injuries. However, people also can experience psychological trauma after witnessing or experiencing distressing events.

Trauma can be caused by natural disasters such as hurricanes, earthquakes, and floods. It also can be caused by acts of violence—such as terrorist attacks and mass shootings—as well as motor vehicle and other accidents.

Reactions to trauma can be immediate or delayed. Responses may differ in severity and can include a wide range of behaviors and responses, sometimes influenced by culture.

Factors that may make people more sensitive to trauma include:

- ▶ Having direct involvement in the trauma, especially as a victim
- ▶ Having severe or prolonged exposure to the event
- ▶ Having a personal history of prior trauma
- ▶ Having a family or personal history of mental illness or severe behavioral problems
- ▶ Having limited social support or a lack of caring family and friends
- ▶ Having ongoing life stressors such as moving to a new home or new school

Common Responses to Trauma Among Children

Children age five and younger may:

- ▶ Cling to parents or caregivers.
- ▶ Cry and be tearful.
- ▶ Have tantrums and be irritable.
- ▶ Complain of physical problems such as stomachaches or headaches.
- ▶ Suddenly return to behaviors such as bed-wetting and thumb-sucking.
- ▶ Show increased fearfulness (for example, of the dark, monsters, or being alone).
- ▶ Incorporate aspects of the traumatic event into imaginary play.

Children age six to 11 may:

- ▶ Have problems in school.
- ▶ Isolate themselves from family and friends.
- ▶ Have nightmares, refuse to go to bed, or experience other sleep problems.
- ▶ Become irritable, angry, or disruptive.
- ▶ Be unable to concentrate.
- ▶ Complain of physical problems such as stomachaches and headaches.
- ▶ Develop unfounded fears.
- ▶ Lose interest in fun activities.

Adolescents age 12 to 17 may:

- ▶ Have nightmares or other sleep problems.
- ▶ Avoid reminders of the event.
- ▶ Use or abuse drugs, alcohol, or tobacco.
- ▶ Be disruptive or disrespectful or behave destructively.
- ▶ Complain of physical problems such as stomachaches and headaches.
- ▶ Become isolated from friends and family.
- ▶ Be angry or resentful.
- ▶ Lose interest in fun activities.

In addition, children and adolescents may feel guilty for not preventing injury or deaths. They also may have thoughts of revenge.

Many of these are normal and expected early responses, which for most people will lessen with time. If they last for more than a month, contact a licensed mental health professional.

If You or Someone You Know Is in Crisis and Needs Immediate Help

Some symptoms require immediate emergency care. If you or someone you know is thinking about harming themselves or attempting suicide, seek help right away:

- ▶ Call your doctor.
- ▶ Call 911 for emergency services or go to the nearest emergency room.
- ▶ Call the **National Suicide Prevention Lifeline**, a 24-hour toll-free hotline, at 800-273-TALK (8255). The deaf and hard of hearing can contact the Lifeline via TTY at 800-799-4889. The Lifeline is available 24 hours a day, seven days a week at <https://suicidepreventionlifeline.org>.
- ▶ Contact social media outlets directly if you are concerned about a person's social media updates or dial 911 in an emergency. For more information about how to contact social media outlets, visit the Suicide Prevention Lifeline at <https://suicidepreventionlifeline.org/help-someone-else>.

Take any comments about suicide or wishing to die seriously—even those said by children and adolescents. Even if you do not believe your family member or friend will attempt suicide, the person is in distress and can benefit from your help in finding treatment. For more information about suicide prevention, visit www.nimh.nih.gov (search word: suicide prevention).

Disaster Distress Helpline

The Substance Abuse and Mental Health Services Administration's **Disaster Distress Helpline** provides crisis counseling (24 hours a day, 365 days a year) for those experiencing emotional distress due to natural or human-made disasters. This service is provided in more than 100 languages and is confidential. To contact the helpline:

- ▶ Call or text 800-985-5990.
 - Spanish speakers can call 800-985-5990 and press 2 for 24/7 bilingual support.
 - The deaf and hard of hearing can contact the Helpline via TTY at 800-846-8517.
- ▶ Visit <https://disasterdistress.samhsa.gov>.

Help in the First Days and Weeks

After a disaster or other traumatic event, there are steps people can take to help adult trauma survivors cope, making it easier for them to provide better care for children and adolescents. These include creating safe conditions, remaining calm, being friendly, and connecting with others. Being sensitive to people under stress and respecting their decisions is important.

When possible, help people:

- ▶ Get food.
- ▶ Find a safe place to live.
- ▶ Get help from a doctor or nurse.
- ▶ Connect with loved ones or friends.
- ▶ Find information on where to get help.

Don't:

- ▶ Force people to tell their stories.
- ▶ Probe for personal details.
- ▶ Say things like “everything will be OK” or “at least you survived.”
- ▶ Say what you think people should feel or how people should have acted.
- ▶ Say people suffered because they deserved it.
- ▶ Be negative about available help.
- ▶ Make promises that you can't keep, such as “you will go home soon.”

What can parents do to help children and adolescents?

After a traumatic event, parents and family members should identify and address their own feelings—this can allow them to help others. Explain to children what happened and let them know that:

- ▶ You love them.
- ▶ The event was not their fault.
- ▶ You will do your best to take care of them.
- ▶ It's okay for them to feel upset.

Do:

- ▶ Allow children to be sad or cry.
- ▶ Let children talk, write, or draw pictures about the event and their feelings.
- ▶ Limit viewing of repetitive news reports about traumatic events. Young children may not understand that news coverage is about one event and not multiple similar events.
- ▶ Give extra attention to children who have trouble sleeping. Let them sleep with a light on or let them sleep in your room (for a short time).
- ▶ Try to keep your usual routines (or create new routines), such as reading bedtime stories, eating dinner together, or playing games.

- ▶ Help children feel in control when possible by letting them make decisions for themselves, such as choosing meals or picking out clothes.
- ▶ Contact a health professional if, after a month in a safe environment, children are not able to perform their usual routines.
- ▶ Contact a health care provider if new behavioral or emotional problems develop, particularly if these symptoms occur for more than a few weeks:
 - Flashbacks (flashbacks are the mind reliving the event)
 - A racing heart and sweating
 - Being easily startled
 - Being emotionally numb
 - Being very sad or depressed

Don't:

- ▶ Expect children to be brave or tough.
- ▶ Make children discuss the event before they are ready.
- ▶ Get angry if children show strong emotions.
- ▶ Get upset if they begin bed-wetting, acting out, or thumb-sucking.

Children's reactions to trauma are strongly influenced by adults' responses to trauma. Parents can help children by being supportive, by remaining as calm as possible, and by reducing other stressors, such as:

- ▶ Frequent moves or changes in place of residence
- ▶ Long periods away from family and friends
- ▶ Pressures to perform well in school
- ▶ Fighting within the family

When monitoring healing, remember:

- ▶ Healing takes time.
- ▶ Do not ignore severe reactions.
- ▶ Pay attention to sudden changes in behaviors, speech, language use, or strong emotions.

What can rescue workers do to help?

During and after a traumatic experience, rescue workers can help by:

- ▶ Identifying children, adolescents, and families in need of urgent and immediate medical or mental health services.
- ▶ Staying with and helping to calm children and adolescents in acute distress. Signs of acute distress include trembling, rambling, becoming mute, or exhibiting erratic behavior.
- ▶ Protecting children and adolescents from physical danger, exposure to additional traumatic sights and sounds, and onlookers and the media.
- ▶ Kindly but firmly directing children and adolescents away from the event site.
- ▶ Connecting—and keeping—children and adolescents with family and friends.

Rescue workers can reduce survivors' fear and anxiety by using compassionate communication. When communicating with survivors, rescue workers should:

- ▶ Clearly identify themselves and their role in disaster response.
- ▶ Communicate calmly, slowly, and with empathy.
- ▶ Be factual, avoid answering questions outside their area of expertise, and avoid speculation.
- ▶ Acknowledge and be tolerant of strong emotions and behaviors.

What can community members do after a traumatic event?

After a traumatic event, community members should identify and address their own feelings as this may allow them to help others more effectively.

Community members can help children and adolescents by:

- ▶ Offering their buildings and institutions as gathering places to promote support
- ▶ Helping families identify mental health professionals who can counsel children
- ▶ Helping children develop coping skills, problem-solving skills, and ways to deal with fear
- ▶ Holding parent meetings to discuss the event, their child's response, and how parents can help their child
- ▶ Being sensitive to different cultural responses to trauma and stress

Trauma Resources

Centers for Disease Control and Prevention

Caring for Children in a Disaster

Website: www.cdc.gov/childrenindisasters

Disaster Assistance Improvement Program

Website: www.disasterassistance.gov

Federal Emergency Management Agency

Website: www.fema.gov

National Child Traumatic Stress Network

Website: www.nctsn.org

Ready—A national public service campaign

Website: www.ready.gov/kids

Substance Abuse and Mental Health Services Administration

Disaster Preparedness, Response, and Recovery

Website: www.samhsa.gov/disaster-preparedness

Uniformed Services University

Center for the Study of Traumatic Stress

Website: www.cstsonline.org

U.S. Department of Justice Office for Victims of Crime
Help for Crime Victims
Website: www.ovc.gov/help/index.html

U.S. Department of Veterans Affairs
National Center for PTSD (Post-Traumatic Stress Disorder)
Website: www.ptsd.va.gov

Finding Help

Behavioral Health Treatment Services Locator

The Substance Abuse and Mental Health Services Administration provides this online resource for locating mental health treatment facilities and programs. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

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NIMH website

www.nimh.nih.gov

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

(En español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov

www.clinicaltrials.gov

(En español: <https://salud.nih.gov/investigacion-clinica>)

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National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 19-MH-8066

FREQUENTLY ASKED QUESTIONS **About Suicide**

Suicide is a leading cause of death in the United States and a major public health concern. When a person dies by suicide, the effects are felt by family, friends, and communities. This brochure, developed by the National Institute of Mental Health (NIMH), can help you, a friend, or a family member learn more about the warning signs of suicide, ways to help prevent suicide, and effective treatment options.

IF YOU KNOW SOMEONE IN CRISIS:

Dial 911 in an emergency. Or call the **National Suicide Prevention Lifeline** at 1-800-273-TALK (8255), 24 hours a day, 7 days a week, or use the Lifeline Chat at <https://suicidepreventionlifeline.org>. The Lifeline is free, confidential, and available to everyone.



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What is suicide?

Suicide is when people harm themselves with the goal of ending their life, and they die as a result.

A **suicide attempt** is when people harm themselves with the goal of ending their life, but they do not die.

Avoid using terms such as “committing suicide,” “successful suicide,” or “failed suicide” when referring to suicide and suicide attempts, as these terms often carry negative meanings.

Who is at risk for suicide?

People of all genders, ages, and ethnicities can be at risk for suicide.

The main risk factors for suicide are:

- A history of suicide attempts
- Depression, other mental disorders, or substance use disorder
- Chronic pain
- Family history of a mental disorder or substance use
- Family history of suicide
- Exposure to family violence, including physical or sexual abuse
- Presence of guns or other firearms in the home
- Having recently been released from prison or jail
- Exposure, either directly or indirectly, to others’ suicidal behavior, such as that of family members, peers, or celebrities

Most people who have risk factors for suicide will not attempt suicide, and it is difficult to tell who will act on suicidal thoughts. Although risk factors for suicide are important to keep in mind, someone who is showing *warning signs* of suicide may be at higher risk for danger and need immediate attention.

Stressful life events (such as the loss of a loved one, legal troubles, or financial difficulties) and interpersonal stressors (such as shame, harassment, bullying, discrimination, or relationship troubles) may contribute to suicide risk, especially when they occur along with suicide risk factors.

What are the warning signs of suicide?

Warning signs that someone may be at immediate risk for attempting suicide include:

- Talking about wanting to die or wanting to kill themselves
- Talking about feeling empty or hopeless or having no reason to live
- Talking about feeling trapped or feeling that there are no solutions
- Feeling unbearable emotional or physical pain
- Talking about being a burden to others
- Withdrawing from family and friends
- Giving away important possessions
- Saying goodbye to friends and family
- Putting affairs in order, such as making a will
- Taking great risks that could lead to death, such as driving extremely fast
- Talking or thinking about death often

Other serious warning signs that someone may be at risk for attempting suicide include:

- Displaying extreme mood swings, suddenly changing from very sad to very calm or happy
- Making a plan or looking for ways to kill themselves, such as searching for lethal methods online, stockpiling pills, or buying a gun
- Talking about feeling great guilt or shame
- Using alcohol or drugs more often
- Acting anxious or agitated
- Changing eating or sleeping habits
- Showing rage or talking about seeking revenge

Does asking someone about suicide put the idea in their head?

No. Studies have shown that asking people about suicidal thoughts and behaviors does not cause or increase such thoughts. Asking someone directly, “Are you thinking of killing yourself?” can be the best way to identify someone at risk for suicide.

Do certain groups of people have higher rates of suicide?

According to the Centers for Disease Control and Prevention (CDC), women are more likely to attempt suicide than men, but men are more likely to die by suicide than women. This may be because men are more likely to attempt suicide using very lethal methods, such as firearm or suffocation (e.g., hanging), and women are more likely to attempt suicide by poisoning, including overdosing on prescribed or unprescribed prescription drugs. However, recent CDC data suggest that the leading means of suicide for women may be shifting toward more lethal methods.

CDC data also show that suicide rates vary by race, ethnicity, age, and gender. American Indian and Alaska Native men have the highest rates of suicide, followed by non-Hispanic White males.

Although the rate of suicide death among preteens and younger teens is lower than that of older adolescents and adults, it has increased over time. Suicide now ranks as the second leading cause of death for youth ages 10 to 14. For children under age 12, research indicates that Black children have a higher rate of suicide death than White children.

NOTE: After steadily increasing for many years, the overall suicide rate decreased slightly from 2018 to 2019. You can learn more about this finding on the CDC website, at www.cdc.gov/nchs/products/databriefs/db398.htm. Researchers are examining whether this decrease occurred across different racial, ethnic, gender, and age groups, and whether it will continue over time.

Looking for more data and statistics? For the most recent statistics on suicide and more information about suicide risk, please visit the CDC website at www.cdc.gov/suicide and the NIMH suicide statistics page at www.nimh.nih.gov/health/statistics/suicide.

Do people ‘threaten’ suicide to get attention?

Suicidal thoughts or actions are a sign of extreme distress and an indicator that someone needs help. Talking about wanting to die by suicide is not a typical response to stress. All talk of suicide should be taken seriously and requires immediate attention.

What treatment options and therapies are available?

Effective, evidence-based interventions are available to help people who are at risk for suicide:

- **Cognitive Behavioral Therapy (CBT):** CBT is a type of psychotherapy that can help people learn new ways of dealing with stressful experiences. CBT helps people learn to recognize their thought patterns and consider alternative actions when thoughts of suicide arise.
- **Dialectical Behavior Therapy (DBT):** DBT is a type of psychotherapy that has been shown to reduce suicidal behavior in adolescents. DBT also has been shown to reduce the rate of suicide attempts in adults with borderline personality disorder, a mental illness characterized by an ongoing pattern of varying moods, self-image, and behavior that often results in impulsive actions and problems in relationships. A therapist trained in DBT can help a person recognize when their feelings or actions are disruptive or unhealthy and teach the person skills that can help them cope more effectively with upsetting situations.
- **Brief Intervention Strategies:** Research has shown that creating a safety plan or crisis response plan—with specific instructions for what to do and how to get help when having thoughts about suicide—can help reduce a person's risk of acting on suicidal thoughts. Staying connected and following up with people who are at risk for suicide also has been shown to help lower the risk of future suicide attempts. Research also has shown that increasing safe storage of lethal means can help reduce suicide attempts and deaths by suicide. In addition, collaborative assessment and management of suicidality can help to reduce suicidal thoughts.
- **Collaborative Care:** Collaborative care is a team-based approach to mental health care. A behavioral health care manager will work with the person, their primary health care provider, and mental health specialists to develop a treatment plan. Collaborative care has been shown to be an effective way to treat depression and reduce suicidal thoughts.

What should I do if I am in crisis or someone I know is considering suicide?

If you notice warning signs of suicide—especially a change in behavior or new, concerning behavior—get help as soon as possible.

Family and friends are often the first to recognize the warning signs of suicide, and they can take the first step toward helping a loved one find mental health treatment.

If someone tells you that they are going to kill themselves, do not leave them alone. Do not promise that you will keep their suicidal thoughts a secret—tell a trusted friend, family member, or other trusted adult.

Call 911 if there is immediate danger, or go to the nearest emergency room.

In a crisis, you also can contact:

- **National Suicide Prevention Lifeline**

<https://suicidepreventionlifeline.org>

Call 1-800-273-TALK (8255); En español 1-888-628-9454

The Lifeline is a free, confidential crisis hotline that is available to everyone 24 hours a day, 7 days a week. The Lifeline connects people to the nearest crisis center that provides crisis counseling and mental health referrals.

- **Crisis Text Line**

www.crisistextline.org

Text “HELLO” to 741741

The Crisis Text Line is available 24 hours a day, 7 days a week. This confidential service helps anyone, in any type of crisis, connecting them with a crisis counselor who can provide support and information.

What if I see suicidal messages on social media?

Knowing how to get help when someone posts suicidal messages can help save a life. Many social media sites have a process to get help for the person posting the message. To learn more, visit <https://suicidepreventionlifeline.org/help-someone-else/safety-and-support-on-social-media>.

If you see messages or live-streaming content that suggests someone is actively engaging in suicidal behavior, call 911 or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

How can I find help?

If you have thoughts of suicide, tell your health care provider. Your health care provider will listen to your concerns and can help you figure out next steps. Find tips for talking with your doctor about mental health concerns at www.nimh.nih.gov/talkingtips.

To find mental health treatment services in your area, call the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Referral Helpline at 1-800-662-HELP (4357) or use the SAMHSA Behavioral Health Treatment Services Locator at <https://findtreatment.samhsa.gov>.

Where can I learn about NIMH research on suicide?

NIMH supports promising research that is likely to have an impact on reducing suicide in the United States. Research is helping improve our ability to identify people at risk for suicide and to develop and improve effective treatments. NIMH researchers continue to study suicide and how to best implement suicide prevention and intervention programs in different settings, including health care, community, school, and the justice system.

To learn more about NIMH research priorities and recent research on suicide prevention, visit the NIMH website at www.nimh.nih.gov.

For additional information about suicide prevention efforts, visit the National Action Alliance for Suicide Prevention at <https://theactionalliance.org> and Zero Suicide at <http://zerosuicide.sprc.org>.

What should I know about clinical trials?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for you. For more information, visit www.nimh.nih.gov/clinicaltrials.

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ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 21-MH-6389

Revised 2021

WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

TALKING ABOUT:



- ▷ Wanting to die
- ▷ Great guilt or shame
- ▷ Being a burden to others

FEELING:



- ▷ Empty, hopeless, trapped, or having no reason to live
- ▷ Extremely sad, more anxious, agitated, or full of rage
- ▷ Unbearable emotional or physical pain

CHANGING BEHAVIOR, SUCH AS:



- ▷ Making a plan or researching ways to die
- ▷ Withdrawing from friends, saying good bye, giving away important items, or making a will
- ▷ Taking dangerous risks such as driving extremely fast
- ▷ Displaying extreme mood swings
- ▷ Eating or sleeping more or less
- ▷ Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

**National Suicide Prevention Lifeline
1-800-273-TALK**

**Crisis Text Line
Text “HELLO” to 741741**



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www.nimh.nih.gov/suicideprevention

NIMH Identifier No. OM 19-4316

#BeThe1To

BE THE ONE TO SAVE A LIFE

The five action steps for communicating with someone who may be suicidal are supported by evidence in the field of suicide prevention.

ASK

BE THERE

KEEP THEM SAFE

HELP THEM CONNECT

FOLLOW UP

V!brant
Emotional Health

SAMHSA
Substance Abuse and Mental Health
Services Administration

JOIN THE MOVEMENT AT
www.BETHE1TO.com

NATIONAL
SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org



I'M SO STRESSED OUT!

From the **NATIONAL INSTITUTE of MENTAL HEALTH**

Feeling overwhelmed? Read this fact sheet to learn whether it's stress or anxiety, and what you can do to cope.

Is it stress or anxiety?

Life can be stressful—you may feel stressed about performance at school, traumatic events (such as a pandemic, natural disaster, or act of violence), or a life change. Everyone feels stress from time to time.

What is stress? Stress is the physical or mental response to an external cause, such as having a lot of homework or having an illness. A stressor may be a one-time or short-term occurrence, or it can happen repeatedly over a long time.

What is anxiety? Anxiety is your body's reaction to stress and can occur even if there is no current threat.

If that anxiety doesn't go away and begins to interfere with your life, it could affect your health. You could experience problems with sleeping, or with your immune, digestive, cardiovascular, and reproductive systems. You also may be at higher risk for developing a mental illness such as an anxiety disorder or depression. More information about anxiety disorders is available at www.nimh.nih.gov/anxietydisorders.

So, how do you know when to seek help?

Stress vs. Anxiety

Stress

- Generally is a response to an *external* cause, such as taking a big test or arguing with a friend.
- Goes away once the situation is resolved.
- Can be positive or negative. For example, it may inspire you to meet a deadline, or it may cause you to lose sleep.

Both Stress and Anxiety

Both stress and anxiety can affect your mind and body. You may experience symptoms such as:

- Excessive worry
- Uneasiness
- Tension
- Headaches or body pain
- High blood pressure
- Loss of sleep

Anxiety

- Generally is *internal*, meaning it's your reaction to stress.
- Usually involves a persistent feeling of apprehension or dread that doesn't go away, and that interferes with how you live your life.
- Is constant, even if there is no immediate threat.



It's important to manage your stress.

Everyone experiences stress, and sometimes that stress can feel overwhelming. You may be at risk for an anxiety disorder if it feels like you can't manage the stress and if the symptoms of your stress:

- Interfere with your everyday life.
- Cause you to avoid doing things.
- Seem to be always present.



Coping With Stress and Anxiety

Learning what causes or triggers your stress and what coping techniques work for you can help reduce your anxiety and improve your daily life. It may take trial and error to discover what works best for you. Here are some activities you can try when you start to feel overwhelmed:

- Keep a journal.
- Download an app that provides relaxation exercises (such as deep breathing or visualization) or tips for practicing mindfulness, which is a psychological process of actively paying attention to the present moment.
- Exercise, and make sure you are eating healthy, regular meals.
- Stick to a sleep routine, and make sure you are getting enough sleep.
- Avoid drinking excess caffeine such as soft drinks or coffee.
- Identify and challenge your negative and unhelpful thoughts.
- Reach out to your friends or family members who help you cope in a positive way.

For more information about stress, visit www.nimh.nih.gov/stress.

Recognize When You Need More Help

If you are struggling to cope, or the symptoms of your stress or anxiety won't go away, it may be time to talk to a professional. Psychotherapy (also called "talk therapy") and medication are the two main treatments for anxiety, and many people benefit from a combination of the two.

If you or someone you know has a mental illness, is struggling emotionally, or has concerns about their mental health, there are ways to get help. Find more information on the National Institute of Mental Health (NIMH) website at www.nimh.nih.gov/findhelp.

If you are in immediate distress or are thinking about hurting yourself, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255) or the toll-free TTY number at 1-800-799-4TTY (4889). You also can text the **Crisis Text Line** (HELLO to 741741) or go to the **National Suicide Prevention Lifeline** website at <https://suicidepreventionlifeline.org>.

More Resources

- NIMH: Child and Adolescent Mental Health (www.nimh.nih.gov/children)
- NIMH: Anxiety Disorders (www.nimh.nih.gov/anxietydisorders)
- NIMH: Taking Control of Your Mental Health: Tips for Talking With Your Health Care Provider (www.nimh.nih.gov/talkingtips)
- NIMH: 5 Things You Should Know About Stress (www.nimh.nih.gov/stress)
- Centers for Disease Control and Prevention: Anxiety and Depression in Children (www.cdc.gov/childrensmentalhealth/depression.html)



National Institute
of Mental Health

NIH Publication No. 20-MH-8125

www.nimh.nih.gov

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Teen Depression: More than just moodiness



Being a teenager can be tough, but it shouldn't feel hopeless. If you have been feeling sad most of the time for a few weeks or longer and you're not able to concentrate or do the things you used to enjoy, talk to a trusted adult about depression.

Do I have depression?



- Do you often feel sad, anxious, worthless, or even “empty”?



- Have you lost interest in activities you used to enjoy?



- Do you get easily frustrated, irritable, or angry?



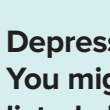
- Do you find yourself withdrawing from friends and family?



- Are your grades dropping?
- Have your eating or sleeping habits changed?



- Have you experienced any fatigue or memory loss?



- Have you thought about suicide or harming yourself?

Depression looks different for everyone. You might have many of the symptoms listed above or just a few.

How do I get help for depression?

You're not alone, and help is available. You can feel better.

To get help:



- **Talk to a trusted adult** (such as your parent or guardian, teacher, or school counselor) about how you've been feeling.



- **Ask your doctor** about options for professional help. Depression can be treated with psychotherapy (also called “talk therapy”), medication, or a combination of medication and talk therapy.



- **Try to spend time with friends or family**, even if you don't feel like you want to.



- **Stay active and exercise**, even if it's just going for a walk. Physical activity releases chemicals, such as endorphins, in your brain that can help you feel better.



- **Try to keep a regular sleep schedule.**



- **Eat healthy foods.**

For immediate help, call the National Suicide Prevention Lifeline: 1-800-273-TALK (8255) or visit www.suicidepreventionlifeline.org.



www.nimh.nih.gov/depression

NIMH Identification No. OM 21-4319

Generalized Anxiety Disorder:

When Worry Gets Out of Control



**National Institute
of Mental Health**

WHAT IS GAD?

Occasional anxiety is a normal part of life. You might worry about things like health, money, or family problems. But people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them. People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

The good news is that GAD is treatable. Call your doctor to talk about your symptoms so that you can feel better.



What are the signs and symptoms of GAD?

GAD develops slowly. It often starts during the teen years or young adulthood. People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Have to go to the bathroom a lot

Children and teens with GAD often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war



Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms that make it hard to function and that interfere with daily life.

Symptoms may get better or worse at different times, and they are often worse during times of stress, such as with a physical illness, during exams at school, or during a family or relationship conflict.

What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors play a role.

How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

GAD is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. CBT teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried. For more information on psychotherapy, visit <http://www.nimh.nih.gov/psychotherapies>.

Medication

Doctors may also prescribe medication to help treat GAD. Your doctor will work with you to find the best medication and dose for you. Different types of medication can be effective in GAD:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Other serotonergic medication
- Benzodiazepines

Doctors commonly use SSRIs and SNRIs to treat depression, but they are also helpful for the symptoms of GAD. They may take several weeks to start working. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Buspirone is another serotonergic medication that can be helpful in GAD. Buspirone needs to be taken continuously for several weeks for it to be fully effective.

Benzodiazepines, which are sedative medications, can also be used to manage severe forms of GAD. These medications are powerfully effective in rapidly decreasing anxiety, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit <http://www.nimh.nih.gov/medications>. Visit the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

What is it like to have GAD?

"I was worried all the time and felt nervous. My family told me that there were no signs of problems, but I still felt upset. I dreaded going to work because I couldn't keep my mind focused. I was having trouble falling asleep at night and was irritated at my family all the time.

I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am working with a counselor to cope better with my anxiety. I had to work hard, but I feel better. I'm glad I made that first call to my doctor."

Where can I find more information?

To learn more about generalized anxiety disorder, visit:

MedlinePlus (National Library of Medicine)

<http://medlineplus.gov>

(En Español: <http://medlineplus.gov/spanish>)

For information on clinical trials, visit:

ClinicalTrials.gov

<http://www.clinicaltrials.gov>

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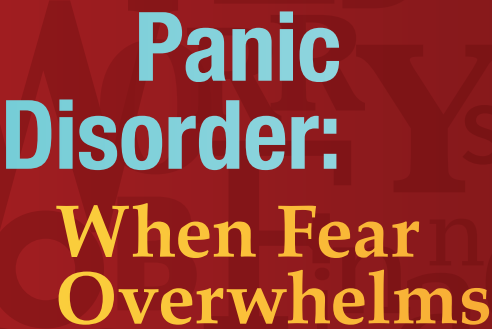
National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 19-MH-8090

Revised 2016



Do you sometimes have sudden attacks of anxiety and overwhelming fear that last for several minutes? Maybe your heart pounds, you sweat, and you feel like you can't breathe or think. Do these attacks occur at unpredictable times with no obvious trigger, causing you to worry about the possibility of having another one at any time?

If so, you may have a type of anxiety disorder called panic disorder. Left untreated, panic disorder can lower your quality of life because it may lead to other fears and mental health disorders, problems at work or school, and social isolation.

What is it like to have panic disorder?

"One day, without any warning or reason, a feeling of terrible anxiety came crashing down on me. I felt like I couldn't get enough air, no matter how hard I breathed. My heart was pounding out of my chest, and I thought I might die. I was sweating and felt dizzy. I felt like I had no control over these feelings and like I was drowning and couldn't think straight."

"After what seemed like an eternity, my breathing slowed and I eventually let go of the fear and my racing thoughts, but I was totally drained and exhausted. These attacks started to occur every couple of weeks, and I thought I was losing my mind. My friend saw how I was struggling and told me to call my doctor for help."



What is panic disorder?

People with panic disorder have sudden and repeated attacks of fear that last for several minutes or longer. These are called **panic attacks**. Panic attacks are characterized by a fear of disaster or of losing control even when there is no real danger. A person may also have a strong physical reaction during a panic attack. It may feel like having a heart attack. Panic attacks can occur at any time, and many people with panic disorder worry about and dread the possibility of having another attack.

A person with panic disorder may become discouraged and feel ashamed because he or she cannot carry out normal routines like going to school or work, going to the grocery store, or driving.

Panic disorder often begins in the late teens or early adulthood. More women than men have panic disorder. But not everyone who experiences panic attacks will develop panic disorder.

What causes panic disorder?

Panic disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. Some researchers think that people with panic disorder misinterpret harmless bodily sensations as threats. By learning more about how the brain and body functions in people with panic disorder, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.



What are the signs and symptoms of panic disorder?

People with panic disorder may have:

- Sudden and repeated panic attacks of overwhelming anxiety and fear
- A feeling of being out of control, or a fear of death or impending doom during a panic attack
- Physical symptoms during a panic attack, such as a pounding or racing heart, sweating, chills, trembling, breathing problems, weakness or dizziness, tingly or numb hands, chest pain, stomach pain, and nausea
- An intense worry about when the next panic attack will happen
- A fear or avoidance of places where panic attacks have occurred in the past

How is panic disorder treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

Panic disorder is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

Psychotherapy. A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful as a first-line treatment for panic disorder. CBT teaches you different ways of thinking, behaving, and reacting to the feelings that come on with a panic attack. The attacks can begin to disappear once you learn to react differently to the physical sensations of anxiety and fear that occur during panic attacks.



For more information on psychotherapy, see <http://www.nimh.nih.gov/psychotherapies>.

Medication. Doctors also may prescribe different types of medications to help treat panic disorder:


- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Beta-blockers
- Benzodiazepines

SSRIs and SNRIs are commonly used to treat depression, but they are also helpful for the symptoms of panic disorder. They may take several weeks to start working. These medications may also cause side-effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Another type of medication called beta-blockers can help control some of the physical symptoms of panic disorder, such as rapid heart rate. Although doctors do not commonly prescribe beta-blockers for panic disorder, they may be helpful in certain situations that precede a panic attack.

Benzodiazepines, which are sedative medications, are powerfully effective in rapidly decreasing panic attack symptoms, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.

Your doctor will work with you to find the best medication and dose for you.



For more information about these medications, see <http://www.nimh.nih.gov/medications>. Also check the Food and Drug Administration's website (<http://www.fda.gov/>) for the latest information on warnings, patient medication guides, or newly approved medications.

Don't give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat panic disorder. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

Finding Help

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at <https://findtreatment.samhsa.gov/>. For additional resources, visit www.nimh.nih.gov/findhelp.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.



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For More Information

To learn more information about panic disorder, visit:

Medline Plus (National Library of Medicine)

<http://medlineplus.gov>

(En Español: **<http://medlineplus.gov/spanish>**)

For information on clinical trials, visit:

ClinicalTrials.gov: **<http://www.clinicaltrials.gov>**

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National Institute
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U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 19-MH-8077

Revised 2016

SOCIAL ANXIETY DISORDER: More Than Just Shyness



Are you extremely afraid of being judged by others?

Are you very self-conscious in everyday social situations?

Do you avoid meeting new people?

If you have been feeling this way for at least six months and these feelings make it hard for you to do everyday tasks—such as talking to people at work or school—you may have a **social anxiety disorder**.



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Social anxiety disorder (also called social phobia) is a mental health condition. It is an intense, persistent fear of being watched and judged by others. This fear can affect work, school, and your other day-to-day activities. It can even make it hard to make and keep friends. But social anxiety disorder doesn't have to stop you from reaching your potential. Treatment can help you overcome your symptoms.

What is it like having social anxiety disorder?

In school, I was always afraid of being called on, even when I knew the answers. I didn't want people to think I was stupid or boring. My heart would pound and I would feel dizzy and sick. When I got a job, I hated to meet with my boss or talk in a meeting. I couldn't attend my best friend's wedding reception because I was afraid of having to meet new people. I tried to calm myself by drinking several glasses of wine before an event and then I started drinking every day to try to face what I had to do.

I finally talked to my doctor because I was tired of feeling this way and I was worried that I would lose my job. I now take medicine and meet with a counselor to talk about ways to cope with my fears. I refuse to use alcohol to escape my fears and I'm on my way to feeling better.

What is social anxiety disorder?

Social anxiety disorder is a common type of anxiety disorder. A person with social anxiety disorder feels symptoms of anxiety or fear in certain or all social situations, such as meeting new people, dating, being on a job interview, answering a question in class, or having to talk to a cashier in a store. Doing everyday things in front of people—such as eating or drinking in front of others or using a public restroom—also causes anxiety or fear. The person is afraid that he or she will be humiliated, judged, and rejected.

The fear that people with social anxiety disorder have in social situations is so strong that they feel it is beyond their ability to control. As a result, it gets in the way of going to work, attending school, or doing everyday things. People with social anxiety disorder may worry about these and other things for weeks before they happen. Sometimes, they end up staying away from places or events where they think they might have to do something that will embarrass them.

Some people with the disorder do not have anxiety in social situations but have performance anxiety instead. They feel physical symptoms of anxiety in situations such as giving a speech, playing a sports game, or dancing or playing a musical instrument on stage.

Social anxiety disorder usually starts during youth in people who are extremely shy. Social anxiety disorder is not uncommon; research suggests that about 7 percent of Americans are affected. Without treatment, social anxiety disorder can last for many years or a lifetime and prevent a person from reaching his or her full potential.

What are the signs and symptoms of social anxiety disorder?

When having to perform in front of or be around others, people with social anxiety disorder tend to:

- ➡ Blush, sweat, tremble, feel a rapid heart rate, or feel their “mind going blank”
- ➡ Feel nauseous or sick to their stomach
- ➡ Show a rigid body posture, make little eye contact, or speak with an overly soft voice

- Find it scary and difficult to be with other people, especially those they don't already know, and have a hard time talking to them even though they wish they could
- Be very self-conscious in front of other people and feel embarrassed and awkward
- Be very afraid that other people will judge them
- Stay away from places where there are other people

What causes social anxiety disorder?

Social anxiety disorder sometimes runs in families, but no one knows for sure why some family members have it while others don't. Researchers have found that several parts of the brain are involved in fear and anxiety. Some researchers think that misreading of others' behavior may play a role in causing or worsening social anxiety. For example, you may think that people are staring or frowning at you when they truly are not. Underdeveloped social skills are another possible contributor to social anxiety. For example, if you have underdeveloped social skills, you may feel discouraged after talking with people and may worry about doing it in the future. By learning more about fear and anxiety in the brain, scientists may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors may play a role.

How is social anxiety disorder treated?

First, talk to your doctor or health care professional about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer you to a mental health specialist, such as a psychiatrist, psychologist, clinical social worker, or counselor. The first step to effective treatment is to have a diagnosis made, usually by a mental health specialist.

Social anxiety disorder is generally treated with psychotherapy (sometimes called "talk" therapy), medication, or both. Speak with your doctor or health care provider about the best treatment for you. If your health care provider cannot provide a referral, visit the NIMH Help for Mental Illnesses web page at www.nimh.nih.gov/findhelp for resources you may find helpful.

Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating social anxiety disorder. CBT teaches you different ways of thinking, behaving, and reacting to situations that help you feel less anxious and fearful. It can also help you learn and practice social skills. CBT delivered in a group format can be especially helpful. For more information on psychotherapy, please visit www.nimh.nih.gov/psychotherapies.

Support Groups

Many people with social anxiety also find support groups helpful. In a group of people who all have social anxiety disorder, you can receive unbiased, honest feedback about how others in the group see you. This way, you can learn that your thoughts about judgment and rejection are not true or are distorted. You can also learn how others with social anxiety disorder approach and overcome the fear of social situations.

Medication

There are three types of medications used to help treat social anxiety disorder:

- ➡ Anti-anxiety medications
- ➡ Antidepressants
- ➡ Beta-blockers

Anti-anxiety medications are powerful and begin working right away to reduce anxious feelings; however, these medications are usually not taken for long periods of time. People can build up a tolerance if they are taken over a long period of time and may need higher and higher doses to get the same effect. Some people may even become dependent on them. To avoid these problems, doctors usually prescribe anti-anxiety medications for short periods, a practice that is especially helpful for older adults.

Antidepressants are mainly used to treat depression, but are also helpful for the symptoms of social anxiety disorder. In contrast to anti-anxiety medications, they may take several weeks to start working. Antidepressants may also cause side effects, such as headaches, nausea, or difficulty

sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. Talk to your doctor about any side effects that you have.

Beta-blockers are medicines that can help block some of the physical symptoms of anxiety on the body, such as an increased heart rate, sweating, or tremors. Beta-blockers are commonly the medications of choice for the “performance anxiety” type of social anxiety.

Your doctor will work with you to find the best medication, dose, and duration of treatment. Many people with social anxiety disorder obtain the best results with a combination of medication and CBT or other psychotherapies.

Don’t give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit **www.nimh.nih.gov/medications**.

Visit the Food and Drug Administration’s website (**www.fda.gov/**) for the latest information on warnings, patient medication guides, or newly approved medications.

For More Information

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For information on clinical trials, visit:

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National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 19-MH-8083

Revised 2016

Autism Spectrum Disorder



National Institute
of Mental Health

What is autism spectrum disorder?

Autism spectrum disorder (ASD) is a developmental disorder that affects communication and behavior. Although autism can be diagnosed at any age, it is described as a “developmental disorder” because symptoms generally appear in the first two years of life.

According to the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, a guide created by the American Psychiatric Association used to diagnose mental disorders, people with ASD have:

- ▶ Difficulty with communication and interaction with other people
- ▶ Restricted interests and repetitive behaviors
- ▶ Symptoms that affect the person’s ability to function in school, work, and other areas of life

Autism is known as a “spectrum” disorder because there is wide variation in the type and severity of symptoms people experience.

ASD occurs in all ethnic, racial, and economic groups. Although ASD can be a lifelong disorder, treatments and services can improve a person’s symptoms and ability to function. The American Academy of Pediatrics recommends that all children be screened for autism. All caregivers should talk to their child’s doctor about ASD screening or evaluation.

What are the signs and symptoms of ASD?

People with ASD have difficulty with social communication and interaction and have restricted interests and repetitive behaviors. The list below gives some examples of the types of behaviors that are common in people diagnosed with ASD. Not all people with ASD will have all behaviors, but most will have several of the behaviors listed below.

Social communication/interaction behaviors may include:

- ▶ Making little or inconsistent eye contact
- ▶ Having a tendency not to look at or listen to people
- ▶ Rarely sharing enjoyment of objects or activities by pointing at or showing things to others
- ▶ Failing to, or being slow to, respond to someone calling their name or to other verbal attempts to gain attention
- ▶ Having difficulties with the back and forth of conversation
- ▶ Often talking at length about a favorite subject without noticing that others are not interested or without giving others a chance to respond
- ▶ Having facial expressions, movements, and gestures that do not match what is being said
- ▶ Having an unusual tone of voice that may sound sing-song or flat and robot-like
- ▶ Having trouble understanding another person’s point of view or being unable to predict or understand other people’s actions

Restrictive/repetitive behaviors may include:

- ▶ Repeating certain behaviors or having unusual behaviors, such as repeating words or phrases (a behavior called *echolalia*)

- ▶ Having a lasting intense interest in certain topics, such as numbers, details, or facts
- ▶ Having overly focused interests, such as with moving objects or with parts of objects
- ▶ Getting upset by slight changes in a routine
- ▶ Being more sensitive or less sensitive than other people to sensory input, such as light, noise, clothing, or temperature

People with ASD may also experience sleep problems and irritability. Although people with ASD experience many challenges, they may also have many strengths, including:

- ▶ Being able to learn things in detail and remember information for long periods of time
- ▶ Being strong visual and auditory learners
- ▶ Excelling in math, science, music, or art

What are the causes and risk factors for ASD?

Researchers don't know the exact causes of ASD, but studies suggest that genes can act together with influences from the environment to affect development in ways that lead to ASD. Although scientists are still trying to understand why some people develop ASD and others don't, some factors that increase the risk of developing ASD include:

- ▶ Having a sibling with ASD
- ▶ Having older parents
- ▶ Having certain genetic conditions (For example, people with conditions such as Down syndrome, fragile X syndrome, and Rett syndrome are more likely than others to have ASD.)
- ▶ Being born with a very low birth weight

Not everyone who has these risk factors develops ASD.

How is ASD diagnosed?

Doctors diagnose ASD by looking at a person's behavior and development. ASD can usually be reliably diagnosed by the age of two. It is important for those with concerns to seek out an assessment as soon as possible so that a diagnosis can be made, and treatment can begin.

Diagnosis in Young Children

Diagnosis in young children is often a two-stage process.

Stage 1: General Developmental Screening During Well-Child Checkups

Every child should receive well-child checkups with a pediatrician or an early childhood health care provider. The American Academy of Pediatrics recommends that all children be screened for developmental delays at their 9-, 18-, and 24- or 30-month well-child visits, and specifically for autism at their 18- and 24-month well-child visits. Additional screenings might be needed if a child is at high risk for ASD or developmental problems. Children at high risk include those who have a family member with ASD, have some ASD behaviors, have older parents, have certain genetic conditions, or who were born at a very low birth weight.

Parents' experiences and concerns are very important in the screening process for young children. Sometimes the doctor will ask parents questions about their child's behaviors and combine those answers with information from ASD screening tools and with his or her observations of the child. To read more about ASD screening tools, visit the Centers for Disease Control and Prevention's (CDC) website at www.cdc.gov/ncbddd/autism/hcp-screening.html.

Children who show developmental differences during this screening process will be referred for a second stage of evaluation.

Stage 2: Additional Evaluation

This second evaluation is with a team of doctors and other health professionals who are experienced in diagnosing ASD.

This team may include:

- ▶ A developmental pediatrician—a doctor who has special training in child development
- ▶ A child psychologist and/or child psychiatrist—a doctor who has specialized training in brain development and behavior
- ▶ A neuropsychologist—a doctor who focuses on evaluating, diagnosing, and treating neurological, medical, and neurodevelopmental disorders
- ▶ A speech-language pathologist—a health professional who has special training in communication difficulties

This second evaluation may assess:

- ▶ Cognitive level or thinking skills
- ▶ Language abilities
- ▶ Age-appropriate skills needed to complete daily activities independently, such as eating, dressing, and toileting

Because ASD is a complex disorder that sometimes occurs along with other illnesses or learning disorders, the comprehensive evaluation may include blood tests and a hearing test.

The outcome of this evaluation will result in a formal diagnosis and recommendations for treatment.

Diagnosis in Older Children and Adolescents

ASD symptoms in older children and adolescents who attend school are often first recognized by parents and teachers and then evaluated by the school's special education team. The school's team may perform an initial evaluation and then recommend these children visit their primary health care doctor or a doctor who specializes in ASD for additional testing.

Parents may talk with these doctors about their child's social difficulties, including problems with subtle communication. These subtle communication issues may include problems understanding tone of voice, facial expressions, or body language. Older children and adolescents may have trouble understanding figures of speech, humor, or sarcasm. Parents may also find that their child has trouble forming friendships with peers.

Diagnosis in Adults

Diagnosing ASD in adults is often more difficult than diagnosing ASD in children. In adults, some ASD symptoms can overlap with symptoms of other mental health disorders, such as anxiety disorder or attention-deficit/hyperactivity disorder (ADHD).

Adults who notice signs and symptoms of ASD should talk with a doctor and ask for a referral for an ASD evaluation. Although testing for ASD in adults is still being refined, adults can be referred to a neuropsychologist, psychologist, or psychiatrist who has experience with ASD. The expert will ask about:

- ▶ Social interaction and communication challenges
- ▶ Repetitive behaviors
- ▶ Sensory issues
- ▶ Restricted interests

Information about the adult's developmental history will help in making an accurate diagnosis, so an ASD evaluation may include talking with parents or other family members.

Getting a correct diagnosis of ASD as an adult can help a person understand past challenges, identify his or her strengths, and obtain the right kind of help. Studies are now under way to determine the types of services and supports that are most helpful for improving the functioning and community integration of transition-age youth and adults with ASD.

What are treatments for ASD?

Treatment for ASD should begin as soon as possible after diagnosis. Early treatment for ASD is important because proper care can reduce individuals' difficulties while helping them learn new skills and make the most of their strengths.

The wide range of issues facing people with ASD means that there is no single best treatment for ASD. Working closely with a doctor or health care professional is an important part of finding the right treatment program.

Medication

A doctor may use medication to treat some symptoms that are common with ASD. With medication, a person with ASD may have fewer problems with:

- ▶ Irritability
- ▶ Hyperactivity
- ▶ Aggression
- ▶ Attention problems
- ▶ Repetitive behavior
- ▶ Anxiety and depression

Read more about the latest news and information on medication warnings, patient medication guides, or newly approved medications at the Food and Drug Administration's website at www.fda.gov.

Behavioral, Psychological, and Educational Therapy

People with ASD may be referred to doctors who specialize in providing behavioral, psychological, educational, or skill-building interventions. These programs are typically highly structured and intensive and may involve parents, siblings, and other family members. These programs may help people with ASD:

- ▶ Learn life skills necessary to live independently.
- ▶ Reduce challenging behaviors.
- ▶ Increase or build upon strengths.
- ▶ Learn social, communication, and language skills.

Other Resources

There are many social services programs and other resources that can help people with ASD. Here are some tips for finding these additional services:

- ▶ Contact your doctor, local health department, school, or autism advocacy group to learn about special programs or local resources.
- ▶ Find an autism support group. Sharing information and experiences can help individuals with ASD and/or their caregivers learn about treatment options and ASD-related programs.
- ▶ Record conversations and meetings with health care providers and teachers. This information helps when it's time to make decisions about which programs might best meet an individual's needs.
- ▶ Keep copies of doctors' reports and evaluations. This information may help an individual qualify for special programs.

Where can I find resources about ASD?

For more information about ASD, visit:

- ▶ *Eunice Kennedy Shriver* National Institute of Child Health and Human Development
www.nichd.nih.gov
- ▶ National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov
- ▶ National Institute on Deafness and Other Communication Disorders
www.nidcd.nih.gov
- ▶ Centers for Disease Control and Prevention
www.cdc.gov
- ▶ Interagency Autism Coordinating Committee
<https://iacc.hhs.gov>

What are clinical trials?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. The goal of clinical trials is to determine if a new test or treatment works and is safe. Although individual participants may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so that others may be better helped in the future.

Researchers at NIMH and around the country conduct many studies with patients and healthy volunteers. We have new and better treatment options today because of what clinical trials uncovered years ago. Be part of tomorrow's medical breakthroughs. Talk to your doctor about clinical trials, their benefits and risks, and whether one is right for you.

- ▶ For more information about clinical trials conducted at NIMH, contact us at 301-496-5645 or nimhcore@mail.nih.gov.

- ▶ For questions about participating in research studies that are being conducted at the National Institutes of Health (NIH) and where to find them, contact prpl@mail.cc.nih.gov (link sends email).

For a listing of clinical trials being conducted around the country by NIH and others, be sure to check the ClinicalTrials.gov website at www.clinicaltrials.gov.

Finding Help

Mental Health Treatment Locator

The Substance Abuse and Mental Health Services Administration provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at <https://findtreatment.samhsa.gov>. For additional resources, visit www.nimh.nih.gov/findhelp.

Questions to Ask Your Doctor

Asking questions and providing information to your doctor or health care provider can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers.

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NIMH website

www.nimh.nih.gov

MedlinePlus (National Library of Medicine)

<https://medlineplus.gov>

(En español: <https://medlineplus.gov/spanish>)

ClinicalTrials.gov

www.clinicaltrials.gov

(En español: <https://salud.nih.gov/investigacion-clinica>)

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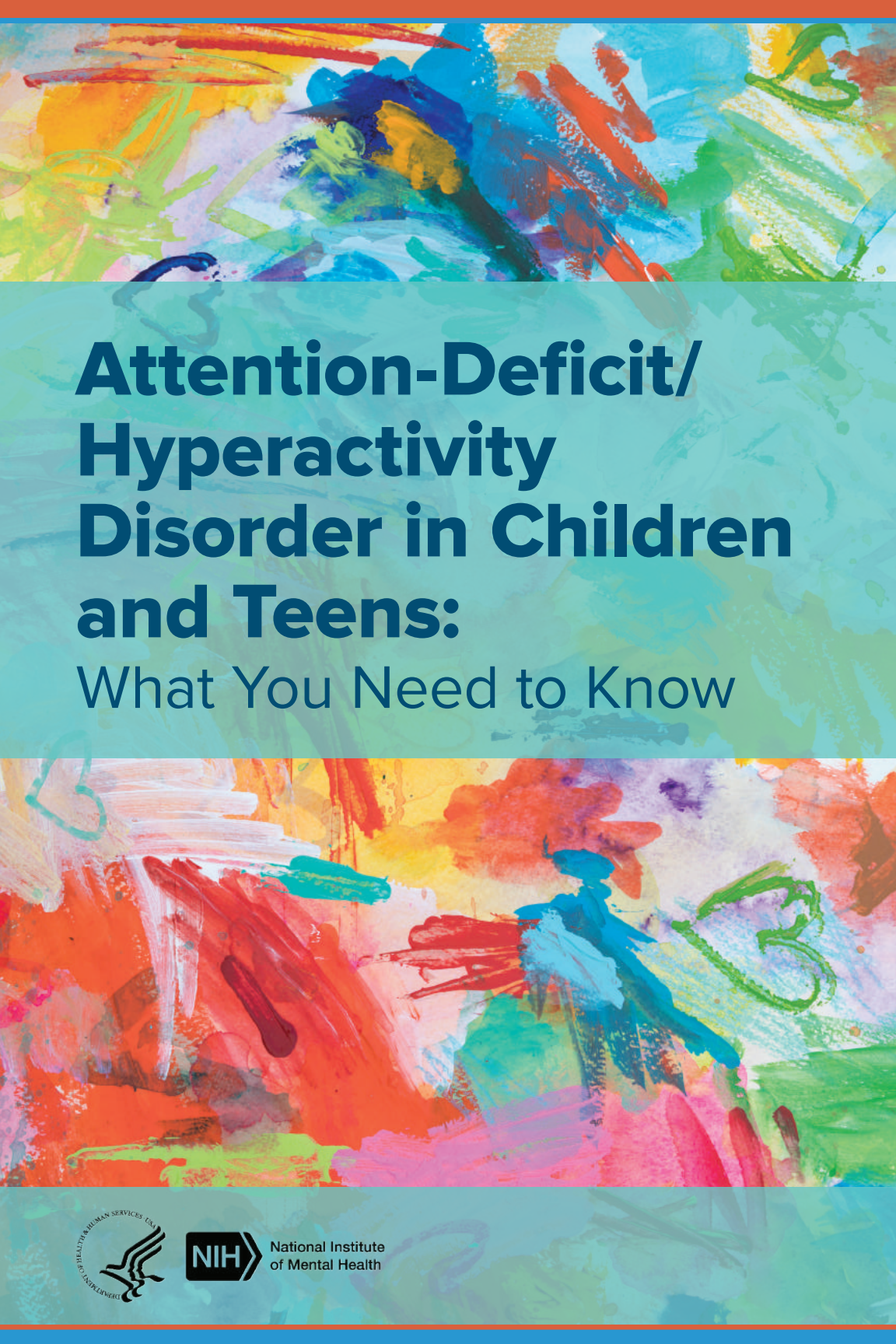
National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication 19-MH-8084

Revised 2018



Attention-Deficit/ Hyperactivity Disorder in Children and Teens:

What You Need to Know



National Institute
of Mental Health

Have you noticed that your child or teen finds it hard to pay attention? Do they often move around during times when they shouldn't, act impulsively, or interrupt others? If such issues are ongoing and seem to be impacting your child's daily life, they may have attention-deficit/hyperactivity disorder (ADHD).

ADHD can impact the social relationships and school performance of children and teens, but effective treatments are available to manage the symptoms of ADHD. Learn about ADHD, how it's diagnosed, and how to find support.

What is ADHD?

ADHD is a developmental disorder associated with an ongoing pattern of inattention, hyperactivity, and/or impulsivity. Symptoms of ADHD can interfere with daily activities and relationships. ADHD begins in childhood and can continue into the teen years and adulthood.

What are the symptoms of ADHD?

People with ADHD experience an ongoing pattern of the following types of symptoms:

- Inattention—having difficulty paying attention
- Hyperactivity—having too much energy or moving and talking too much
- Impulsivity—acting without thinking or having difficulty with self-control

Some people with ADHD mainly have symptoms of inattention. Others mostly have symptoms of hyperactivity-impulsivity. Some people have both types of symptoms.

Signs of inattention may include:

- Not paying close attention to details or making seemingly careless mistakes in schoolwork or during other activities
- Difficulty sustaining attention in play and tasks, including conversations, tests, or lengthy assignments
- Trouble listening closely when spoken to directly
- Finding it hard to follow through on instructions or to finish schoolwork or chores, or starting tasks but losing focus and getting easily sidetracked

- Difficulty organizing tasks and activities, such as doing tasks in sequence, keeping materials and belongings in order, managing time, and meeting deadlines
- Avoiding tasks that require sustained mental effort, such as homework
- Losing things necessary for tasks or activities, such as school supplies, books, eyeglasses, and cell phones
- Being easily distracted by unrelated thoughts or stimuli
- Being forgetful during daily activities, such as chores, errands, and keeping appointments

Signs of hyperactivity and impulsivity may include:

- Fidgeting and squirming while seated
- Getting up and moving around when expected to stay seated, such as in a classroom
- Running, dashing around, or climbing at inappropriate times or, in teens, often feeling restless
- Being unable to play or engage in hobbies quietly
- Being constantly in motion or on the go and/or acting as if driven by a motor
- Talking excessively
- Answering questions before they are fully asked or finishing other people's sentences
- Having difficulty waiting one's turn, such as when standing in line
- Interrupting or intruding on others, for example, in conversations, games, or activities

How is ADHD diagnosed in children and teens?

To be diagnosed with ADHD, symptoms must have been present before the age of 12. Children up to age 16 are diagnosed with ADHD if they have had at least six persistent symptoms of inattention and/or six persistent symptoms of hyperactivity-impulsivity present for at least 6 months. Symptoms must be present in two or more settings (for example, at home or school or with friends or relatives) and interfere with the quality of social or school functioning.

Parents who think their child may have ADHD should talk to their health care provider. Primary care providers sometimes diagnose and treat ADHD. They may also refer individuals to a mental health professional, such as a psychiatrist or clinical psychologist, who can do a thorough evaluation and make an ADHD diagnosis. Stress, sleep disorders, anxiety, depression, and other physical conditions or illnesses can cause similar symptoms to those of ADHD. Therefore, a thorough evaluation is necessary to determine the cause of the symptoms.

During an evaluation, the health care provider or mental health professional may:

- Examine the child's mental health and medical history.
- Ask permission to talk with family members, teachers, and other adults who know the child well and see them in different settings to learn about the child's behavior and experiences at home and school.
- Use standardized behavior rating scales or ADHD symptom checklists to determine whether a child or teen meets the criteria for a diagnosis of ADHD.
- Administer psychological tests that look at working memory, executive functioning (abilities such as planning and decision-making), visual and spatial skills, or reasoning skills. Such tests can help detect psychological or cognitive strengths and challenges as well as identify or rule out possible learning disabilities.

Does ADHD look the same in all children and teens?

ADHD symptoms can change over time as a child grows and moves into the preteen and teenage years. In young children with ADHD, hyperactivity and impulsivity are the most common symptoms. As academic and social demands increase, symptoms of inattention become more prominent and begin to interfere with academic performance and peer relationships. In adolescence, hyperactivity often becomes less severe and may appear as restlessness or fidgeting. Symptoms of inattention and impulsivity typically continue and may cause worsening academic, organizational, and relationship challenges. Teens with ADHD also are more likely to engage in impulsive, risky behaviors, including substance use and unsafe sexual activity.

Inattention, restlessness, and impulsivity continue into adulthood for many individuals with ADHD, but in some cases, they may become less severe and less impairing over time.

What causes ADHD?

Researchers are not sure what causes ADHD, although many studies suggest that genes play a large role. Like many other disorders, ADHD probably results from a combination of factors. In addition to genetics, researchers are looking at possible environmental factors that might raise the risk of developing ADHD and are studying how brain injuries, nutrition, and social environments might play a role in ADHD.



What are the treatments for ADHD in children and teens?

Although there is no cure for ADHD, currently available treatments may help reduce symptoms and improve functioning. ADHD is commonly treated with medication, education or training, therapy, or a combination of treatments.

Medication

Stimulants are the most common type of medication used to treat ADHD. Research shows these medications can be highly effective. Like all medications, they can have side effects and require an individual's health care provider to monitor how they may be reacting to the medication. Nonstimulant medications are also available. Health care providers may sometimes prescribe antidepressants to treat children with ADHD, although the Food and Drug Administration (FDA) has not approved these medications specifically for treating ADHD. Sometimes an individual must try several different medications or dosages before finding what works for them.

For general information about stimulants and other medications used to treat mental disorders, see NIMH's Mental Health Medications webpage (www.nimh.nih.gov/medications). The FDA website (www.fda.gov/drugsatfda) has the latest medication approvals, warnings, and patient information guides.

Psychotherapy and Psychosocial Interventions

Several psychosocial interventions have been shown to help children and their families manage symptoms and improve everyday functioning.

- **Behavioral therapy** aims to help a person change their behavior. It might involve practical assistance, such as help organizing tasks or completing schoolwork, learning social skills, or monitoring one's own behavior and receiving praise or rewards for acting in a desired way.
- **Cognitive behavioral therapy** helps a person to become more aware of attention and concentration challenges and to work on skills to improve focus.
- **Family and marital therapy** can help family members learn how to handle disruptive behaviors, encourage behavior changes, and improve interactions with children.

All types of therapy for children and teens with ADHD require parents to play an active role. Psychotherapy that includes only individual treatment sessions with the child (without parent involvement) is not effective for managing ADHD symptoms and behavior. This type of treatment is more likely to be effective for treating symptoms of anxiety or depression that may occur along with ADHD.

For general information about psychotherapies used for treating mental disorders, see NIMH's Psychotherapies webpage (www.nimh.nih.gov/psychotherapies).

Parent Education and Support

Mental health professionals can educate the parents of a child with ADHD about the disorder and how it affects a family. They also can help parents and children develop new skills, attitudes, and ways of relating to each other. Examples include parenting skills training, stress management techniques for parents, and support groups that help parents and families connect with others who have similar concerns.

School-Based Programs

Children and adolescents with ADHD typically benefit from classroom-based behavioral interventions and/or academic accommodations. Interventions may include behavior management plans or teaching organizational or study skills. Accommodations may include preferential seating in the classroom, reduced classwork load, or extended time on tests and exams. The school may provide accommodations through what is called a 504 Plan or, for children who qualify for special education services, an Individualized Education Plan (IEP).

To learn more about special education services and the Individuals with Disabilities Education Act (IDEA), visit <https://idea.ed.gov>.

Complementary Health Approaches

Unlike specific psychotherapy and medication treatments that are scientifically proven to improve ADHD symptoms, complementary health approaches for ADHD, such as natural products, do not qualify as evidence-supported interventions. For more information, visit the National Center for Complementary and Integrative Health at www.nccih.nih.gov/health/attention-deficit-hyperactivity-disorder-at-a-glance.

How can I find help for my child?

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides the Behavioral Health Treatment Services Locator (<https://findtreatment.samhsa.gov>), an online tool for finding mental health services and treatment programs in your state. For additional resources, visit www.nimh.nih.gov/findhelp or see the NIMH Children and Mental Health fact sheet (www.nimh.nih.gov/health/publications/children-and-mental-health).

If you or someone you know is in immediate distress or is thinking about hurting themselves, call the **National Suicide Prevention Lifeline** toll-free at 1-800-273-TALK (8255). You also can text the **Crisis Text Line** (HELLO to 741741) or use the Lifeline Chat on the National Suicide Prevention Lifeline website at <https://suicidepreventionlifeline.org>.

How can I help my child at home?

Therapy and medication are the most effective treatments for ADHD. In addition to these treatments, other strategies may help manage symptoms. Encourage your child to:

- Get regular exercise, especially when they seem hyperactive or restless.
- Eat regular, healthy meals.
- Get plenty of sleep.
- Stick to a routine.
- Use homework and notebook organizers to write down assignments and reminders.
- Take medications as directed.

In addition, you can help your child or teen by being clear and consistent, providing rules they can understand and follow. Also, keep in mind that children with ADHD often receive and expect criticism. You can look for good behavior and praise it and provide rewards when rules are followed.


What should I know about my child participating in clinical research?

Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions. Although individuals may benefit from being part of a clinical trial, participants should be aware that the primary purpose of a clinical trial is to gain new scientific knowledge so others may receive better help in the future.

Researchers at NIMH and around the country conduct many studies with patients and healthy volunteers. Clinical trials for children are designed with the understanding that children and adults respond differently, both physically and mentally, to medications and treatments. Talk to your health care provider about clinical trials, their benefits and risks, and whether one is right for your child. For more information, visit www.nimh.nih.gov/clinicaltrials.

Where can I find more information on ADHD?

The Centers for Disease Control and Prevention (CDC) is the nation's leading health promotion, prevention, and preparedness agency. You can find information about ADHD symptoms, diagnosis, and treatment options, as well as additional resources for families and providers, at www.cdc.gov/adhd.



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<https://medlineplus.gov/spanish> (en español)

ClinicalTrials.gov

www.clinicaltrials.gov

<https://salud.nih.gov/investigacion-clinica> (en español)

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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

NIH Publication No. 21-MH-8159

Revised 2021

Bipolar Disorder in Teens and Young Adults: Know the Signs

Bipolar disorder is a mental disorder that causes unusual shifts in mood, marked by episodes of mania and depression.



Common Signs & Symptoms of Mania

- Showing intense happiness or silliness for a long time
- Having a very short temper or seeming extremely irritable
- Talking very fast or having racing thoughts
- Having an inflated sense of ability, knowledge, and power
- Doing reckless things that show poor judgment



Common Signs & Symptoms of Depression

- Feeling very sad or hopeless
- Feeling lonely or isolating themselves from others
- Eating too much or too little
- Having little energy and no interest in usual activities
- Sleeping too much

Teens and young adults with bipolar disorder symptoms may think and talk about self-harm or suicide. If someone you know is expressing these thoughts, seek help immediately.

National Suicide Prevention Lifeline
1-800-273-TALK (8255)

Crisis Text Line
Text HELLO to 741741



www.nimh.nih.gov/bipolardisorder

NIMH Identifier No. OM 20-4318

Coping Skill

Alphabet



A

Ask for help
Aromatherapy
Art
Attend an event of interest
Athletics
Ask to talk to a friend
Allow time to think
Apologize
Act out feelings
Address the real issue

B

Bounce a stress ball
Bake something delicious
Be attentive to your senses
Bask in the sun

C

Count backwards by multiples of 3
Color a picture
Catch a ball
Call a crisis line _____
Chat with a friend
Challenge irrational thoughts
Cultivate calming techniques

D

Deep breathing
Draw emotions/feelings
Dance
Do push-ups
Daydream
Drink water
Discuss feelings

E

Eat a snack
Exercise
Escape the situation
Eradicate erroneous thoughts

F

Find a safe place
Finish house work
Find a fishing hole
Fetch funny YouTube videos
Free weights
Find a book to read
Filter through your emotions
Find a puzzle to play
Follow up on a missed opportunity
Find a friend
Free write your feelings
Fly a kite
Focus attention elsewhere

G

Go talk to a trusted adult
Go to a "Happy Place"
Generate positive thoughts
Game
Go to a friend's house
Get help from a teacher
Go outside
Go running
Grow a garden
Get help from others

H

Help someone else with their problem
Hike
Have a party
Hug a pug (or another pet)
Hang out with a sibling
Honor your truth
Have someone listen to your problem

I

"I" statements
Identify triggers
Instagram picture positivity
Initiate conversation
Imagine your "safe place"
Ignore people who bring you down

J

Jog in place
Jot down happy thoughts
Jumping jacks
Jump rope
Journal

K

Kick a soccer ball
Knit
Know your value
Keep hands to yourself

L

Listen and discuss
Laugh out loud
Long walks
Listen to music
Lay down with a soft blanket
Look outside
Learn something new

M

Make a plan
Meditate
Meet new people
Move your body

N

Nap
Never give up
Name something positive

O

Offer assistance
Organize your closet
Open up
Observe your surroundings
Olfactory (smell) senses
Orchestrate a date with a friend

Coping Skill



Alphabet

P

Play a game
Paint a picture
Practice an instrument
Prepare a healthy meal
Play in the park
Phone a friend
Put yourself in the other person's shoes
Periscope out for perspective
Play with playdough

Q

Quiet time
Quilt
Quench your thirst with a glass of water
Quickly remove the stressor
Quote uplifting authors
Question feelings

R

Read
Roast vegetables
Relax
Ride a bike
Reproduce a random act of kindness
Rest
Request space

S

Sing in the shower
Sleep
Send a gratitude letter
Soak in the tub
Stretch your muscles
Surf the emotion wave
Swing in a hammock
Stop and think about your response
Shoot baskets
Speak up
Schedule an appointment for support
Score tickets to an uplifting movie
Stop and listen

T

Talk to a friend
Take a deep breath
Tackle your problem
Tear paper
Tetherball
Take a time-out
Team up with a friend
Talk it out
Telephone support
Tend to a child

U

Unite with family
Undertake a project
Unwind
Utilize your resources
Understand and accept your feelings

V

Visit a grandparent
Volunteer
Visualize your powerful place
Verbalize emotions effectively
Validate your experience
Visit your support team
Vent feelings
Video games

W

Watch a movie
Write poetry
Walk and talk
Workout
Whistle a tune
Wail at the top of your lungs
Wallop a pillow

X

X-ray your feelings
Xerox a picture and color it

Y

Yell into a pillow
Yoga
Yoyo
Yield control

Z

Zigzag around the room
Zumba
Zone out
Zero in on the real problem

List Other Coping Skills Here: