

The Parent's Guide

DEPRESSION AND LOW MOOD

When your teenager stays low

A calm, practical guide for a parent whose teenager has seemed low, withdrawn, or irritable for weeks: how to tell ordinary moods from a low mood that stays, how to listen, and get help.

Who this is for: the parent or carer of a teenager who has seemed low, withdrawn, or irritable for weeks.

Cited: NICE, WHO, the Government of India's Tele-MANAS, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

1

IF SOMETHING FEELS WRONG

The child who went quiet

IN SHORT

If your teenager has seemed low, withdrawn, or snappy for a while now, your worry makes sense. You are not a bad parent, and your child is not being lazy. A low mood like this is more common than families say aloud, and only a doctor can say what is really going on.

Sunita noticed it slowly. Her son Rohan is sixteen. He stopped coming out for dinner. He snapped at his little sister over nothing. He slept late on Sundays and lay awake on school nights. His marks slipped, and he stopped playing cricket with his friends. When she asked what was wrong, he said "nothing" and shut the door.

Maybe your story looks a little like this. Maybe a teacher called, or your child said something that frightened you. Maybe you simply have a heavy feeling that something has changed. Take one breath. You do not need the perfect words today. What your teenager needs first is a parent who stays close, not one with every answer.

You are far from the only parent sitting where you sit now. A low mood that settles in and stays is common in the teenage years. It is also often missed, possibly because it does not always look like sadness. In many teenagers it shows up as irritability, or as pulling away from family and friends.

Two weeks or more

of a low or irritable mood, most days, is worth a doctor's look

Bad days come and go for every teenager. A mood that stays most days, brings other changes, and makes daily life harder is something a doctor can help with. If you are worried sooner, you do not have to wait.

Please hear this clearly, because the guilt will try to drown it out. A teenager who sinks into a low mood is not proof that you failed. It usually grows out of several things adding up: a risk that can run in families, and stress, such as bullying or tension at home. It is not a report card on your parenting. It is not your child choosing to be difficult.

You are also not meant to judge how serious this is on your own. The clinical name you may hear for this pattern is depression. Only a doctor can say whether it applies to your child. This booklet will not put a label on your child. It will help you see what is happening, and respond in a way that helps.



A teenager who shuts the door may be waiting to see who will knock gently.

TRY THIS

Before anything else, steady yourself. Sit down and breathe slowly for one minute. Say inside: my child is struggling, I am here, and we can get help. You will respond far better from that place than from panic. Your calm is the first thing that helps.

2

MOODY, OR MORE

Ordinary moods, or something more

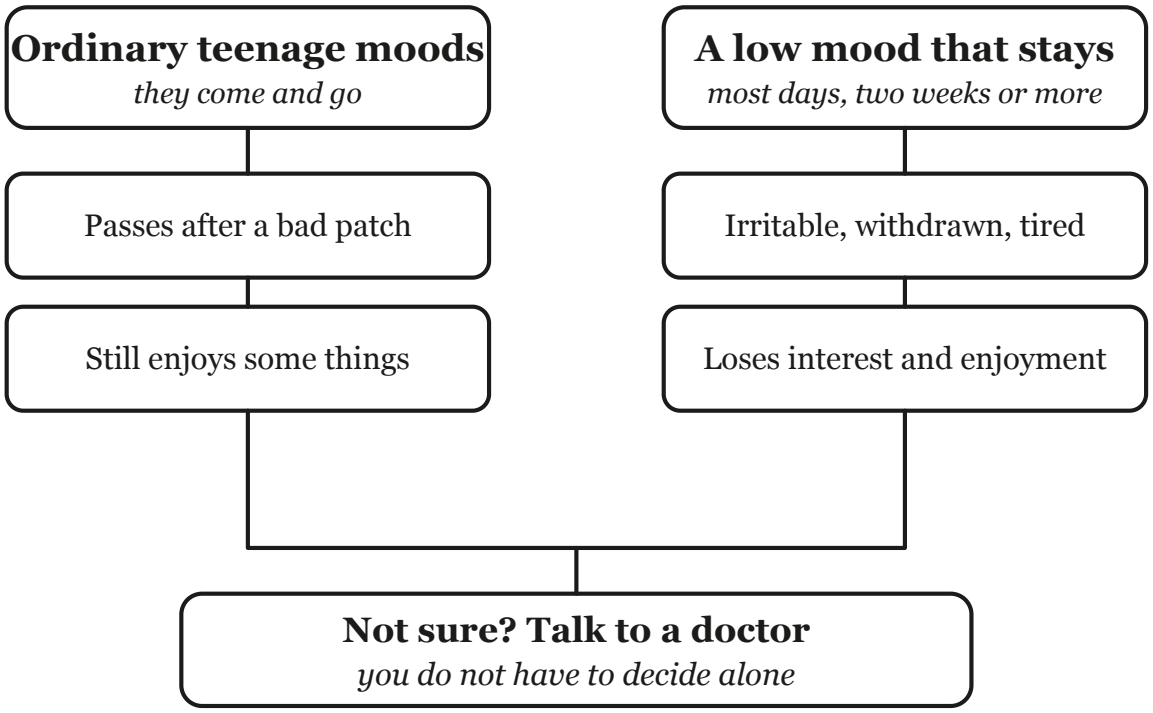
IN SHORT

Every teenager has moody days. A low mood that stays is different. It is there most days for two weeks or more. It can take the enjoyment out of things your child used to like, and make daily life at home or school harder. Only a doctor can tell the two apart for certain.

Teenagers are meant to pull away a little. They want more privacy, more time with friends, and less time with you. They sulk after a bad day and are fine by the weekend. That is ordinary growing up, and it does not need fixing.

A low mood that stays looks different. It may brighten for an evening and then sink back, so a good day does not always mean it has passed. It starts to show at home, at school, and with friends. Your child may drop the cricket, the music, or the friends they used to love. The clue is not one bad day, but a change that stays and spreads.

Other changes can come with it. Your teenager may sleep badly, or sleep far more. Their appetite may drop or grow. They may seem tired all the time, or find it hard to focus on studies. Some complain of headaches or stomach aches. You do not have to sort this out by questioning your child. The picture below is only to help you hold the difference in your mind.



Two different pictures. Ordinary moods pass. A low mood that stays needs a closer look, and only a doctor can say what it is.

Ordinary teenage moods come and go, and your child still enjoys some things.

A low mood that stays is there most days, for two weeks or more, and dims what they used to enjoy.

It can show as irritability, a closed door, and sleep that has gone wrong.

You do not decide which it is; you stay close and let a doctor assess.

REMEMBER

You are not trying to diagnose your child or catch them out. You are trying to notice enough to get the right help. If you are unsure, that is reason enough to talk to a doctor. Asking early costs little. Waiting can cost more.

3

WHAT IS UNDERNEATH

What your teenager feels inside

IN SHORT

Underneath the snapping and the closed door, your teenager may feel tired, worthless, or guilty. In young people, a low mood can show itself as irritability. It is not laziness or bad manners, and it is not something to sit out alone.

When teenagers can put it into words, they may say that everything feels like too much effort. Things that used to be fun feel flat. They may feel worthless, or guilty about letting everyone down. Thoughts like these are part of the low mood, and they are likely to ease as it lifts.

This is the part that changes how you respond. The anger you see may be pain your child cannot name. A teenager who snaps at you over dinner may be worn out from carrying something heavy all day. Seeing the pain underneath can soften your own anger. It lets you move toward your child instead of fighting them.

It is worth saying plainly what this is not. It is not your child being lazy or weak. Calling it laziness, or a lack of discipline, leaves a young person alone with something that is already too heavy. It is also not something to sit out quietly, hoping it passes, without a doctor taking a look.

For months I fought his moods. When I saw how tired and ashamed he felt underneath, I could finally be on his side.

Sunita, mother of Rohan, 16

More, if you want it

In many Indian homes, the teenage years are also the exam years. Board exams, entrance coaching, and long days leave little room to rest. Then relatives ask about marks at every function, and the family worries about "log kya kahenge". A struggling teenager can start to feel they will never be good enough. Stress like this is one of several things that can add up, though stress does not always lead to a low mood. Your child may need to hear you say, out loud, that you love them more than any result.

TRY THIS

The next time anger rises in you, silently name what may be underneath: this is pain, not defiance. It will not make you soft. It will make you the steady adult your teenager can turn toward, instead of hide from.

4

HOW TO TALK ABOUT IT

Listening first, asking directly

IN SHORT

Listen far more than you fix. Choose calm moments, keep your words short, and do not lecture. If you are worried, ask your teenager directly about thoughts of not wanting to live. Studies have found that asking does not increase these thoughts.

How you listen matters more than what you say. Try talking side by side, not face to face: in the car, on a walk, while cooking together. Avoid lectures, and avoid comparing them with a cousin. Meeting your teenager with calm shows them that hard things can be said at home. You do not have to feel calm. You only have to act calm enough to keep the door open.



Here is a fear many parents have: that asking about suicide will put the idea into their child's head. Researchers have looked at this question. In the studies they reviewed, asking people about suicidal thoughts did not increase those thoughts. Asking gently and directly can open a door your child may have been waiting for.

So ask, plainly and warmly. You might say, "You have seemed really low lately, and I love you. How are you, really?" If your worry goes further, ask: "Sometimes when people feel this low, they have thoughts of not wanting to be alive. Are you having thoughts like that?" Then stop, and let your child answer. If the answer is yes, stay calm, stay with them, and get help the same day. The last section shows you how.

Listen more than you fix.

Let your teenager talk. You do not need a solution in the room, only to hear them and stay.

Take the feeling seriously.

Do not argue with it or say others have it worse. "I can see how hard this is" is true and safe.

Stay steady, not shocked.

A calm face tells your child they can say hard things and still be safe with you.

Do not promise secrecy.

You can be trusted and still bring in a doctor. "We will face this together" is the promise to make.

REMEMBER

You do not have to say the perfect thing. Your teenager will remember your face more than your words: whether you stayed calm, stayed close, and did not turn away. You can always say, "I do not have all the answers, but I am not going anywhere."

TRY THIS

Practise one gentle sentence out loud when you are alone: "I love you, I am not angry, and I want to understand how you are feeling." Saying it once in private makes it easier to say warmly when your child is in front of you.

5

LOWERING THE PRESSURE

A steadier, safer home

IN SHORT

While things are hard, you can make home steadier and safer. Lower the pressure where you can, and keep a few small routines going. During the hardest stretches, reduce access to things that could be used to hurt themselves. This supports professional help, it does not replace it.

Start with the pressure. A teenager who is sinking cannot study their way out of it. For a while, the goal is not top marks. It is getting through the day. Talk to the school or the coaching centre if you need to. A lighter load for a few months may protect the years ahead. For now, your child's health comes before their rank.

Then keep the day gently steady. Guidance for doctors suggests regular times for meals and sleep, some physical activity, and gently encouraging a young person back to things they used to enjoy. Offer, do not force. An invitation they can refuse without a fight is easier to accept than a lecture.

There is one more quiet, practical step. During the hardest stretches, reduce access to things that could be used to hurt themselves. Research on suicide prevention finds that this kind of step helps prevent suicide. Ask your child's doctor what this means for your home. Do it calmly and without drama, as care, not as a punishment or an accusation.

THIS SUPPORTS HELP, IT DOES NOT REPLACE IT

A steadier, safer home helps, but it is not the whole answer, and it is not a substitute for care. A proper safety plan is made together with a doctor who knows your child. It covers what your teenager can do, and who they can turn to, when the feelings peak.

More, if you want it

You do not have to get this perfectly right, and trying to control everything will exhaust you. Outside an emergency, watching your teenager every minute, or taking away every comfort, can strain the trust you most need. Focus on the few changes that matter most, and let the doctor guide the rest. Keep talking about it openly and kindly, so it feels like care, not surveillance. Safety and trust grow together, not against each other.

TRY THIS

This week, do one quiet thing. Take one pressure off your teenager's plate: an extra class, a family function, a daily question about marks. Tell them you did it because you care how they feel, not how they score.

6

LOOKING AFTER EVERYONE

You, and the whole family

IN SHORT

Watching your child sink is frightening and tiring. You did not cause this, you cannot cure it alone, but you can help. Good care looks at the whole family, including your own health. Your need for support, and the other children in the house, matter too.

A parent living with this may carry constant worry, broken sleep, and a mind that will not switch off. Some also carry guilt, replaying every harsh word. That is not weakness. It is what love looks like under strain. Guidance for doctors asks them to look at the whole family, and to offer parents support for their own health too. Getting help for yourself is not selfish; it can be part of helping your child.

Hold on to three plain truths. You did not cause it. You cannot cure it on your own. But you can help, and how you respond does matter. Find one person who is on your side, a partner, a sister, a friend, and say the hard part out loud. Worry grows heavier in silence and lighter when it is shared.

In a joint family the voices multiply. Relatives may blame the phone, the school, or your parenting. Some may say that talking about it will bring shame on the family. You do not have to win every argument. A short, steady line helps: "Our child is not well right now, and we are getting help." Your child's health matters more than "log kya kahenge".

Do not forget the other children in the house. Brothers and sisters may sense that something is wrong. They may feel frightened or pushed aside, and stay quiet so as not to add to the load. A few honest words help: their sibling is going through a hard time, the adults are getting help, and they are loved too.

♡ IN YOUR CORNER

On the nights when you lie awake replaying everything you said, or did not say, hear this. A parent who reads a whole booklet to understand their teenager is not failing. You are doing one of the hardest things a parent can do, and you are doing it with love. Be as gentle with yourself as you are trying to be with your child.

● TRY THIS

Tonight, name one person you can lean on. Send them a short, honest message: "I am going through something hard with my child, and I do not want to carry it alone." Reaching out for yourself is not a detour from helping your child. It is part of it.

7

WHEN IT IS AN EMERGENCY

Warning signs, and getting help

IN SHORT

Some signs mean act today: talk of dying or of not wanting to live, any self-harm, or hopelessness that keeps deepening. In an emergency, call 112 or go to the nearest hospital. For guidance, Tele-MANAS on 14416 is a free government mental health helpline. Effective help is available.

Most of the time, your job is to stay close and help your teenager reach a doctor. But some signs mean the danger may be close. Then you act the same day, and you do not wait. Trust your instinct here. It is better to seek help you did not strictly need than to miss a moment that mattered.

Talk of dying.

Saying they want to die, wish they were not here, or that everyone would be better off without them.

Any self-harm.

Any sign that they have hurt themselves, even if it looks small. Get it seen by a doctor the same day.

Goodbyes, or a strange calm.

Giving things away, a message that sounds like a farewell, or a sudden calm after deep despair. Ask gently, and get advice.

Hopelessness that deepens.

Saying nothing will ever change, or that there is no point. Do not wait to be sure.

If you believe your child is in danger right now, treat it like any other emergency. Call 112, or take them to the nearest hospital emergency. Do not leave them alone, and remove access to things that could be used to hurt themselves. If you can, ask one trusted family member to help, so that someone is with your child at all times. Tele-MANAS, on 14416, is India's free government mental health helpline, open any time, day or night. You can call it for guidance for yourself too.

For the longer road, hold on to this: effective help exists, and many teenagers recover from a low mood like this. A low mood can also come back, so follow-up with the doctor matters. For a milder low mood, guidance says a talking therapy is the first thing to offer, not medicine. A trained counsellor, psychologist, or psychiatrist can help your teenager understand their thoughts, rebuild small routines, and talk about what hurts. Reaching out early opens more doors.

What about medicines? For a moderate to severe low mood, a talking therapy is still offered, and a child and adolescent psychiatrist may also offer medicine alongside it, sometimes from the start. Medicine comes only after a full assessment by that specialist, with your family involved, and the doctor keeps a close watch, especially in the early weeks. Medicine for a young person is a psychiatrist's decision, made with you, never one to start or stop on your own.

GETTING HELP TOGETHER

A good doctor or counsellor does not shut you out. Good care involves the family in treatment decisions, and a parent's account helps the doctor see the full picture. Guidance also says your teenager should be offered some time alone with the doctor. That is a normal part of careful care, not a sign that you are being pushed aside. Walking in with what you have noticed, calmly written down, can turn a frightening appointment into a working partnership.



The teenager who went quiet today can, with help and time and a parent who stayed, find their way back to the things they love.

TRY THIS

Write down, on your phone, the two or three changes that worry you most, with one real example of each. Save Tele-MANAS, 14416, beside them, and remember 112 for an emergency. Having these ready makes the first call, and the first appointment, calmer and more useful.

WHERE THIS COMES FROM

NICE guideline. Depression in children and young people: identification and management (NG134). 2019. nice.org.uk/guidance/ng134

Thapar A. Depression in adolescence. Lancet, 2012. doi.org/10.1016/S0140-6736(11)60871-4

World Health Organization. mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0 (CMH and SUI modules). 2016. who.int/publications/i/item/9789241549790

Dazzi T. Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?. Psychol Med, 2014. doi.org/10.1017/S0033291714001299

Mann JJ. Improving Suicide Prevention Through Evidence-Based Strategies: A Systematic Review. Am J Psychiatry, 2021. doi.org/10.1176/appi.ajp.2020.20060864

Ministry of Health and Family Welfare, Government of India (NIMHANS). Tele Mental Health Assistance and Networking Across States (Tele-MANAS), national toll-free helpline 14416. 2022. telemanas.mohfw.gov.in

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

- Feeling like it is all too much? **Read the crisis card.** Help is one page away.
- Tele-MANAS, the free national helpline: **14416**. Any time, day or night. From the Government of India.
- Wondering whether to talk to someone? **Read how an assessment works.** No rush, and no pressure.