A PRACTICAL GUIDE FOR PARENTS

My Kid Has Depression… Now What?

A Sanity-Saving, Shame-Lifting, Reality-Accepting Guide for Real Parents in Real Homes

Welcome to the club no one wants to join

You just heard that your child has depression. Maybe you've seen the signs for a while. Maybe it felt sudden. Maybe you're still sorting out what's sadness, what's puberty, and what's something bigger.

> **What now, at home, where everything feels heavy, your once-chatty kid barely talks, and even getting out of bed can feel like a major task?**

This guide focuses on what to do in your house, with your child, on the hard days and the slightly-less-hard ones. It works alongside professional care. Love and practical support matter, and depression also needs an individualized treatment and monitoring plan.

Depression 101

Depression is a health condition that can affect mood, enjoyment, energy, sleep, appetite, concentration, and motivation. In children and teens, it may look like irritability as well as sadness. Some children feel numb rather than visibly upset.

A child who struggles to shower, socialize, or begin homework may be struggling with symptoms, not simply choosing not to try. That calls for support, clear expectations adapted to their capacity, and attention to what is changing.

> **"You don't have to pretend you're okay. I'm here, and we'll get help with this."**

Safety first: if your child talks about suicide, self-harm, or not wanting to be here, turn to page 2. In the U.S., call or text 988 for crisis guidance. Call 911 for immediate danger, an attempt, or a possible overdose.

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SAFETY FIRST

When the words sound hopeless

“What’s the point?” “I’m a burden.” “I wish I wasn’t here.” Take these statements seriously, even if they are said in anger or followed by “I was joking.”

Ask directly and listen

> **“When you say you wish you weren’t here, are you thinking about suicide?”**

Use clear, age-appropriate words. Asking about suicide does not increase suicidal thoughts. Also ask about self-harm; self-injury and suicidal intent are not the same, but both need assessment. Listen without arguing, shaming, or promising secrecy.

If they report suicidal thoughts or you’re concerned

• Stay with them while arranging help. Ask whether they have a plan or access to something they could use. Get urgent professional assessment; you do not need to judge the risk alone.

• Contact their clinician immediately and follow the safety plan. In the U.S., call or text 988 if you need guidance or cannot promptly reach the care team.

• Reduce access to firearms, medications, and other dangerous items when safe to do so. Ask the clinician for specific steps to make your home safer.

> **If there is immediate danger, an attempt, serious injury, a possible overdose, or you cannot keep your child safe, call 911 or go to the nearest emergency department. Do not wait for a routine appointment.**

Make a safety plan with the care team

A written plan should identify warning signs, coping steps, trusted adults, crisis contacts, and ways to reduce access to dangerous items. Clarify supervision needs and who to call after hours. A promise not to self-harm is not a substitute for a safety plan or assessment.

If they deny suicidal thoughts but their behavior still worries you, seek guidance anyway. Keep checking in and follow through with professional care.

Safety guidance informed by NIMH, “5 Action Steps to Help Someone Having Thoughts of Suicide”; AACAP, “Depression: Parents’ Medication Guide”; and the 988 Suicide & Crisis Lifeline. Links are on page 6.

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Small steps on heavy days

01 Withdrawal & isolation

You might see: Staying in their room, ignoring texts, avoiding people.

• Offer a specific, low-pressure invitation: “Want to sit with me while I cook?” A short shared activity may be easier than a long conversation.

• Respect privacy while maintaining check-ins and any agreed supervision. Work toward manageable time with other people rather than accepting indefinite isolation.

02 Low energy & motivation

You might see: Skipping showers, staying in bed, difficulty getting dressed.

• Shrink the next step: “Let’s put on clean socks.” Offer to begin alongside them rather than issuing a whole list.

• Notice effort without a performance: “I know that took energy. I’m glad you joined me.” Plan small activities with the care team instead of waiting for motivation to appear.

03 Irritability or apathy

You might hear: Snappy replies or “I don’t care” about everything.

• Try: “You seem overwhelmed today.” Avoid a debate over whether they should feel that way.

• Keep respectful limits: “You can be upset. You can’t call me names. Let’s pause and try again.” Depression may explain irritability; it does not remove safety boundaries.

04 Sleep & appetite changes

You might see: Sleeping much more or less, eating less, or eating more.

• Keep sleep, wake times, and meals reasonably predictable. If appetite is low, offer manageable portions and regular fluids.

• Tell the clinician about significant changes. Do not dismiss them as “normal for depression.” Seek prompt medical care for dehydration, inability to eat or drink, or other concerning physical symptoms.

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You want them to feel okay again

You may try to fix it fast

Because seeing them hurt is unbearable. You may offer solutions before they finish the sentence. Start by listening, then choose a concrete next step together.

> **“Do you want me to listen first, or help you work out what to do next?”**

Warmth is part of support. So are appointments, symptom monitoring, and following the treatment plan. You do not have to choose between compassion and action.

You may say the wrong thing

“You have so much to be happy about!” Depression does not disappear when someone supplies a list of reasons it shouldn’t exist.

> **“That wasn’t helpful. I believe you’re having a hard time, even if I don’t fully understand it yet.”**

You may feel helpless

You’re used to solving problems, and this one does not have a quick household fix. Ask the care team for specific ways to help and signs that mean the plan needs to change.

You may get frustrated or need a break

You might raise your voice, cry in the bathroom, or feel worn out. Repair mistakes and get support for yourself. If your child needs supervision, arrange a safe handoff to another responsible adult before stepping away.

> **“I’m sorry I yelled. I was overwhelmed, and I should have handled that differently. You don’t have to take care of my feelings.”**

Your child needs a supported parent, not a parent who never has feelings. Share the load when possible and seek your own professional help if you need it.

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Connection, routines, and a care team

• **Meet today's capacity and keep a direction.** Adjust the size of the task while helping your child gradually re-engage with daily life.

• **Offer hope without guarantees.** Depression is treatable. Recovery varies, and the plan may need adjustment.

• **Keep noticing the whole child.** Make space for interests and ordinary moments without expecting them to act cheerful for you.

School

With your child's input when appropriate, contact a key school staff member. Share information needed for support. Discuss workload, check-ins, and a realistic attendance plan with school and the clinician.

Temporary flexibility can help, but prolonged avoidance can create more problems. If attendance is slipping, ask for a coordinated return plan rather than relying on either "just go" or indefinite time at home.

Social life

Offer a small option: a short walk with one friend, a brief call, or sitting with family. Help them take manageable steps even when interest is low. Avoid overwhelming plans or shaming them for withdrawing.

Self-care, theirs and yours

A short walk, regular meals, a shower, or time outdoors may support recovery. They are supportive habits, not cures or substitutes for treatment. Begin alongside your child when that makes the task easier.

Stay connected to treatment

Keep appointments and ask how progress will be tracked. Report worsening symptoms, new self-harm or suicidal thoughts, or major changes in behavior promptly. If medication is prescribed, follow the prescriber's instructions and contact them about side effects or changes; don't change the dose on your own.

> **"We're looking for small signs of improvement, and we'll ask for more help if things are getting harder."**

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YOUR NEXT STEP

Keep showing up. Keep getting help.

A note to the parent who is trying

You cannot cure depression with cheerfulness, and you do not need every answer today. You can listen, notice changes, make home safer, and help your child stay connected to care.

A difficult day does not mean nothing is working. It also does not mean you should ignore a worsening pattern. Bring what you're seeing to the care team and keep adjusting the plan together.

> **"I care about you on the days you can't feel hopeful, too. We'll take the next step together."**

Three things to clarify this week

Care: Who is coordinating treatment, and when is the next follow-up?
Safety: What supervision, home safety steps, and crisis contacts are needed?
Daily life: What is one manageable activity or routine to practice?

Resources for parents

American Academy of Pediatrics
HealthyChildren.org • Depression in Children and Teens
HealthyChildren.org • Depression Treatment Options

American Academy of Child and Adolescent Psychiatry
AACAP • Depression: Parents' Medication Guide

National Institute of Mental Health
NIMH • 5 Action Steps to Help Someone Having Thoughts of Suicide

988 Suicide & Crisis Lifeline
Call or text 988 in the U.S. Parents can call for guidance, too.
988lifeline.org/help-someone-else/

> **Immediate danger, an attempt, or a possible overdose: call 911. Suicidal thoughts or uncertainty about safety: seek urgent help; call or text 988 for crisis guidance.**

This guide offers general education, not individualized treatment or a suicide risk assessment. Use your child's care and safety plans and seek urgent help whenever needed.

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