Adolescence is a story of strengths and challenges. Brain structure and connections change through age 25, making adolescents great learners. But when the brain is changing, it is also vulnerable. The parts of the brain tied to emotion and gratification are very active in adolescence. The “brakes” of the brain develop slower. Stressful experiences can cause brain changes that aren’t helpful for teens. And the impulsivity that helps adolescents create their own identities can also lead to accidents, poor decision-making, and problems with drugs.

Early drug use dramatically increases the risk of dependence.

- 1.5x risk with cocaine, stimulants, and opioids
- 2x risk with benzodiazepines
- 3x risk with marijuana

Most teens who experiment with drugs won’t become addicted, but there is heightened risk when drug use starts before age 18.

Adolescence is a critical period for the onset of mental health disorders.

- Depression and bipolar disorder prevalence at age 13: 8.4%
- Depression and bipolar disorder prevalence at age 18: 15.4%

Intervention in the first year of suicidal thinking is crucial.

- 63.1% of suicide plans develop within a year of first suicidal thoughts.
- 86.1% of suicide attempts occur within a year of first suicidal thoughts.

Overuse of social media can be unhealthy.

Adolescents are sensitive to peer approval, and screen time can crowd out other healthy activities.

8th-graders who spend 10+ hours a week on social media are 56% more likely to say they’re unhappy than their peers.

5,000 adolescents in the US die by suicide each year.

Suicide is the leading cause of death worldwide for girls age 15-19.

Sources and more details available at childmind.org/2017report
Adolescents have difficulty sticking to mental health care...

Half of teens diagnosed with major mood disorders don’t adhere to treatment.

...but it works.

Studies show 81% of teens with anxiety, 71% of teens with depression, and 85% of teens with ADHD get better with treatment.

We can dramatically improve outcomes and treatment-seeking behavior.

School-based education and anti-stigma programs improve mental health attitudes by 68%.

School-wide high school interventions have reduced the number of actively suicidal students by 36%, from 4.4% to 2.8% in one study.

In treatment, mindset matters.

Response rate when attitude towards treatment is positive

Response rate when attitude towards treatment is ambivalent

Our understanding of brain development shows us why adolescence is a risk period for stress, emotional strain and mental health disorders. It tells us we can reduce or prevent lifelong mental health and substance disorders if we support teens through this period. Critically, it allows us to talk to teens without blame or shame, speak honestly about our concerns, and help them be partners in taking care of themselves.

Sources and more details available at childmind.org/2017report