

Patient information from BMJ

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Depression in children and teenagers: what are the treatment options?

Depression is an illness that affects people of all ages, including children and teenagers. It can make it difficult for young people to enjoy everyday activities, keep up with school, or connect with family and friends. But there are treatments that can help.

This information is about treatments that can help children and teenagers aged 6 to 18. You can use this information to talk to your doctor and decide which treatments are best for your child.

To learn more about what depression is, what the symptoms are, and how it is diagnosed, see our information titled *Depression in children and teenagers: information for parents*.

Where will treatment take place?

Doctors will assess your child's symptoms to decide on the right level of care. Most children and teenagers with depression can be treated by general healthcare providers, such as GPs, pediatricians, or general psychiatrists. They typically manage mild to moderate depression.

If your child has severe depression or other complex mental health needs, they may be referred to a child psychiatrist who is specially trained to help children with depression.

Young people with depression are rarely a danger to themselves or others. However, doctors will assess this risk straight away. If they are very concerned, they may decide that your child needs to go to hospital for urgent care. This is to ensure their safety and to provide an immediate mental health assessment. However, most young people with depression do not need hospital treatment.

How long will my child need treatment?

Treatment for depression is divided into three phases.

Phase 1 lasts from 6 to 12 weeks. The goal is for your child's symptoms to improve or go away by the end of this period.

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Phase 2 lasts from 6 to 12 months. The goal during this phase is to stop the depression from coming back (called a relapse).

Phase 3 can last for another year or two. Not all young people need treatment by this time. But some have severe or long-lasting depression which needs longer treatment.

Treatment options for depression

The treatment options for depression depend on how severe the depression is, whether there are any other symptoms or conditions involved, and what you or your child prefer.

For some young people, treatment may just involve lifestyle changes and active monitoring. For others, it could include a combination of talking treatments, medicines, or both.

Your doctor will work with you to determine the best plan based on your child's needs.

Active monitoring and lifestyle changes

Early in your child's treatment, you might hear your doctor talk about **active monitoring**. This means that your doctor doesn't start right away with a specific treatment, such as medicines or talking treatments. Instead, your doctor will regularly check in with your child and support them in how they are feeling. This usually helps you and your child to learn about depression, and to discuss it.

Your doctor might also suggest simple lifestyle changes to help your child. For example, a healthy diet and regular exercise are known to help prevent and reduce symptoms of depression. Your doctor might also encourage your child to take part in hobbies or school activities, or set goals for managing their mental health.

Most children do not need further treatment unless their depression gets worse or does not go away. If they have other conditions or certain ongoing symptoms, they may need extra support.

Talking treatments

Talking treatments are an important way to treat depression in young people. There are different types, and the right one for your child might depend on how severe their depression is and what's available in your area.

If your child has mild depression and active monitoring hasn't helped, or if their depression is more severe, your doctor may suggest a structured talking treatment like **cognitive behavioural therapy (CBT)** or interpersonal therapy.

CBT helps young people change negative thoughts and behaviours that may be contributing to their depression. A therapist will work with your child to develop healthier ways of thinking and coping with challenges.

Some children and teenagers have this therapy one-on-one with a therapist. Others have it in a group, or with family members. All of these approaches can be helpful.

Depression in children and teenagers: what are the treatment options?

If your doctor recommends CBT for your child, they'll typically attend one session each week or every 2 weeks. The number of sessions will depend on how severe their symptoms are and how well the treatment is working. Most people have around 6 to 20 sessions, but some young people need treatment for longer.

Interpersonal therapy focuses on improving relationships that may be affecting your child's depression. It helps them build stronger social support, manage stress, and improve their relationships with others.

Interpersonal therapy usually involves weekly sessions for around 12 weeks, but this can change depending on your child's needs. Parents can be involved in the therapy, but it's not required.

For many young people, one course of therapy is enough. But depression can return in some people after treatment ends, so your child might need to have more treatment in the future.

Medicines

Antidepressants are one of the main medicines given to adults who have depression. For children, however, doctors are less likely to give them, especially if your child is under 12. They will only recommend them if your child's depression is very bad or if talking treatments alone haven't worked.

Antidepressants called **selective serotonin reuptake inhibitors (SSRIs)** for short can help some young people with severe depression. These medicines are normally used alongside a talking treatment.

Some young people take these medicines only until they feel better. But others find they need to keep taking it to stop their depression coming back.

SSRIs can have side effects, such as:

- loss of appetite or weight loss
- headaches
- sleep problems
- feeling tired
- shakiness (tremors)
- diarrhoea
- vomiting, and
- rash.

These side effects don't affect everyone and are usually mild and temporary. But a small number of children find the side effects are so bad that they need to stop taking these medicines. If one type of SSRI doesn't work, your doctor might try another.

Depression can lead to children having thoughts of self-harm or suicide. But there is a small chance that taking SSRIs could make these thoughts worse. If your child is given medicine

Depression in children and teenagers: what are the treatment options?

for depression, your doctor should check in regularly to make sure the depression isn't getting worse.

Children or teenagers taking SSRIs shouldn't stop or reduce their dose suddenly, as this can cause withdrawal symptoms such as:

- feeling dizzy or light headed
- feeling tired or drowsy, and
- headaches.

These are less likely to happen if their doctor lowers the dose gradually.

Antidepressants other than SSRIs are rarely used for children and are usually only prescribed by a specialist. They may be considered if SSRIs don't work or cause serious side effects. In these cases, your doctor will refer you to a specialist who will discuss the potential benefits and risks of these medicines.

Complementary medicines

Some people take complementary medicines, such as herbal supplements, for depression. There's no good evidence that these are helpful for children with depression. If you're thinking about using any complementary medicines for your child, it's important to talk to your doctor first. Some of these can interact with other medicines and may cause harmful side effects.

Treatment for other depressive symptoms or other mental health conditions

If your child is experiencing depressive symptoms such as **sleep problems** or **agitation**, your doctor may recommend different treatments to help manage them.

Depression can occur at the same time as other mental health conditions, such as **anxiety** and **attention-deficit hyperactivity disorder (ADHD)**. These conditions might also contribute to depression.

If your child is already being treated for another condition, or if both depression and another issue develop at the same time, your doctor will consider how these conditions interact. They will work with you and your child to create the best treatment plan and will discuss the available treatment options.

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