

# 4

## Making Lifestyle Changes

### SLEEP, SUPPLEMENTS, AND EXERCISE

Vee is a 17-year-old nonbinary high school student who was just diagnosed with mild depression at their annual physical. Vee is sleeping about six hours a night, has less energy, and is now eating only two meals a day. However, they're still going to school, where they are engaged in "at least five" extracurricular activities. And, while they've noticed feeling guiltier about mistakes that they make, they have no suicidal thoughts.

Vee's doctor reviews treatment options with Vee and their parents, and Vee says that they would like to try treating their depression with lifestyle changes alone. Vee's parents suggest that Vee also try therapy, but Vee says that they are "too busy" to fit in therapy after school and would feel worse if they had to miss one of their club meetings.

Because Vee is still functioning well overall, and their symptoms are mild, Vee's doctor agrees that this would be a reasonable first approach to treatment. However, Vee's doctor also cautions the family that any worsening of depressive symptoms should prompt a reconsideration of this initial treatment plan. Vee's parents leave the appointment feeling confident in their decision, but then it slowly dawns on them that they're not exactly sure what lifestyle changes Vee is supposed to make.

### What Lifestyle Changes Are Helpful in Treating Depression?

Most people recognize what a healthy lifestyle is "supposed" to look like: a balanced diet of three meals a day, adequate sleep, and so forth. However, you

don't want just a "healthy lifestyle" for your teenager; you want a lifestyle that "treats" depression. What does *that* look like?

Admittedly, scientists don't exactly know (especially for kids). Clinicians and researchers generally agree that any movement toward a healthier lifestyle is probably helpful in reducing symptoms of depression, but aside from that broad recommendation, there's still much to learn. A growing number of studies in adults have explored the role of lifestyle modifications and complementary medicine in treating depression, so much of this chapter is based on that literature (with some teenager-specific lifestyle recommendations thrown in as well).

## Exercise

In adult populations, numerous research studies support exercise as a stand-alone treatment for depression. Compared to doing absolutely nothing else to help with your symptoms, the increased benefit of exercise appears significant from both a statistical *and* a clinical perspective. In particular, the science supports supervised and group aerobic exercise of moderate intensity.

Unfortunately, evidence supporting exercise to treat adolescent depression has been more mixed. In the population of adolescents without a depression diagnosis, exercise does appear to reduce depressive symptoms, but there is some disagreement as to whether its effect is small or moderate. As for whether exercise can *treat* major depressive disorder in teens, that's an even trickier question to answer. To date, there aren't that many controlled clinical trials examining exercise as the sole treatment option for adolescents with depression. While the results of those few studies appear promising, researchers are reluctant to conclude that exercise is a valid stand-alone treatment for adolescent depression. It's also worth considering that those teenagers with depression who are able to complete a clinical trial involving regular exercise may be less severely depressed or might have already had a regular exercise regimen.

So, if your child is still able to exercise in any capacity, that's great. Keep encouraging it and do what you can to support their continued exercising. However, if your teen's idea of exercise is going downstairs to grab a snack and then going back upstairs again, it might not be worth the headache of dragging them out of bed, forcing them into running shorts, and locking them out of the house until they engage in a brisk jog. There just isn't enough evidence yet to suggest that it will make a tremendous difference in their symptoms,

especially when compared to treatment options that don't require as much teenager wrangling.

### THE TAKEAWAY

**Encourage your teen to participate in some amount of physical movement on a daily basis, but don't force them into a rigorous exercise regimen against their will. That will likely be counterproductive.**

## Vitamins and Supplements

As mentioned in Part I, not eating anything is particularly bad for one's mental health, and loss of appetite is a hallmark symptom of depression. If your teen with depression isn't eating much at all, just prioritize "eating" first. Once they're eating regularly again, you can start suggesting specific vitamins or supplements.

### *Vitamins*

Vitamins whose deficiencies have been linked to causing depression have also been investigated as potential treatments for depression. On the surface, this approach appears logical. If lack of vitamin D can cause a depressive episode, then adding vitamin D should fix it. The problem is, vitamin deficiencies don't appear to cause most depressive episodes. So, for the vast majority of individuals with depression, vitamin supplementation alone probably won't alleviate their symptoms.

While there is at least one pediatric trial of vitamin D supplementation showing improvement in depression symptoms, there still isn't enough evidence to recommend vitamin D supplementation as a treatment for *all* teens with depression. Similarly, in the absence of severe vitamin B<sub>12</sub> or folate deficiencies, vitamin B<sub>12</sub> and folate also appear unable to reverse symptoms of depression. This lack of evidence doesn't mean you shouldn't ask your child's doctor about vitamins for their depression, but it does mean that vitamins might be most helpful when used alongside other interventions.\*

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\*This should go without saying, but if your child *does* have a vitamin deficiency, vitamins are *definitely* indicated to treat that deficiency.

## Herbal Supplements

In addition to vitamins, other herbs and supplements have been explored as potential treatments for depression. You may have heard of St. John's wort (*Hypericum perforatum*), a plant long recognized for its antidepressant effects. Fortunately, because researchers have known about St. John's wort for decades, they've had ample time to examine it in numerous trials *and* perform studies compiling the results from all of those trials. St. John's wort appears well tolerated and may have fewer side effects than some of the antidepressants discussed in Chapter 6. However, evidence supporting its use is most robust in cases of mild to moderate depression, when no safety concerns exist. Moreover, St. John's wort has the potential to interact with other medications in dangerous ways, particularly if taken in conjunction with antidepressants like selective serotonin-reuptake inhibitors.

Other herbs and supplements, like saffron, S-adenosylmethionine, omega-3 fatty acids, and 5-hydroxytryptophan (5-HTP), have also gained attention for their potential mental health benefits. While preliminary results in adult populations appear promising, studies done in adolescents still remain too few in number to draw meaningful conclusions.

### THE TAKEAWAY

Due to a paucity of data in pediatric populations, it's likely premature to universally recommend vitamins or herbal supplements for every adolescent with depression. That being said, if you're interested in trying vitamins or dietary supplements as adjunct therapies for your child's depression, ask your child's doctor for specific recommendations; just recognize that these supplements should be used in conjunction with other depression treatments that have more research evidence supporting them.

## Ultraviolet Light Therapy (Phototherapy)

Ultraviolet (UV) light therapy is a well-established treatment option for seasonal depression, with some studies finding an effect size comparable to that for antidepressant medications. For many, UV light therapy may also result in fewer side effects than antidepressant medications. The catch? There's less research in support of light therapy in cases of nonseasonal depression. So, if your teen has mild to moderate seasonal depressive symptoms, it could be worth considering a trial of UV light therapy. However, if your teen *doesn't*

have seasonal depression, phototherapy alone may not be all that helpful. The cost of the lightbox, the fact you have to position yourself near a source of artificial light for 30 minutes each morning—these nuisances are liable to feel far more frustrating if the treatment itself doesn't help that much.

## Extracurricular Activities

Admittedly, it's not entirely accurate to refer to extracurricular activities as a "treatment" for depression; scientists haven't yet proven that extracurricular activities alleviate symptoms of depression, and it's not clear they ever will. Think of how challenging it is to study a complex variable like "extracurricular activities." There are many types of extracurriculars, as well as many ways and places a teen can engage in them. Is school concert band as beneficial as marching band? Or as beneficial as your 14-year-old's heavy metal band that practices nightly in your garage? We just don't know. Nevertheless, I'm of the opinion that personally meaningful extracurricular activities (including those involving *zero* exercise) could still be of some benefit to a teen with depression.

Depression can mess with your teen's thinking, and most teenagers aren't known for rational thinking at baseline. When they get depressed, "normal" adolescent self-consciousness can spiral into full-on self-doubt or self-hatred. So, any activity that helps your teenager recognize their strengths is vital.\* Starting an Etsy store, writing fan fiction, latch-hooking rugs—it doesn't have to be varsity soccer—something to give them a sense of accomplishment and help them feel good about themselves. Many teens with depression struggle with internal validation, and parental validation (while still important) doesn't seem to cut it on its own. When adolescents lack constructive ways to access external validation, they are more liable to seek boosts of self-confidence in potentially dangerous ways (more on that in Part III of this book).

### THE TAKEAWAY

**If an extracurricular activity can help boost your teen's sense of self-worth in a meaningful way that highlights their unique strengths (not just getting "likes" on social media), that's probably good for their mental health—even if research hasn't "proven" that such activities treat symptoms of depression.**

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\*Quick clarification here: *safe* activity. Sword-swallowing, axe throwing, and other weapons-related activities should probably be avoided until after the depressive episode has resolved.

## Sleep Modification (Not Just “More Sleep”)

Particularly if your child’s depression already has them sleeping the majority of the day, “more sleep” isn’t going to be a very effective way to address their symptoms.\* However, the importance of addressing any problematic sleep habits cannot be overstated. I can recommend being part of an after-school club, healthy eating, or trying an antidepressant, but these may be of little help if a patient’s sleep is out of whack.

Cognitive-behavioral therapy for insomnia (CBT-I) is one evidence-based therapy that helps people identify problematic thoughts and behaviors that are reinforcing sleepless nights and learn techniques to manage them. Several studies have supported the potential “antidepressant” properties of this sleep-specific treatment, and while those teens who are able to participate in CBT-I may have depression that is inherently easier to treat, most mental health professionals agree that good sleep is tremendously important when treating depression.

### THE TAKEAWAY

Out of all the depression risk factors linked to lifestyle or circadian rhythm in Chapter 2, evidence supporting a causal relationship between poor sleep and depression is perhaps most impressive. If your teen with depression also has sleep issues, those issues need to be addressed in their treatment plan.

## What about Lifestyle-Related Treatments Advertised Online?

On social media, you can learn a lot about treating depression, especially from other parents who have children struggling with depression. However, you can also encounter people using social media to sell unproven depression treatments.

Just as you should be suspicious of anyone online claiming “most cases of depression are caused by a lack of vitamin D/hydration/omega-3 fatty acids/essential oils,” you should be suspicious of anyone online claiming that they **treated** depression with only vitamin D/intravenous hydration/

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\*Don’t let your teen convince you otherwise! I’ve had countless patients tell me that the only thing that helps their depression is “sleeping all the time.” This is an effective way to avoid the uncomfortable and upsetting thoughts that accompany a depressive episode, but it is not a particularly effective way to combat the depression itself.

lots of salmon/lavender and peppermint oils. There are many holistic depression “treatments” not mentioned in this chapter because there isn’t enough research yet to support their use.

You should also be wary of depression treatments that are just fancy, more expensive versions of lifestyle modifications your teen could do themselves. IV hydration therapy for depression isn’t any better than hydrating the old-fashioned way. A “top of the line” UV lightbox won’t necessarily offer more symptom resolution than time spent in the actual sun. Concentrate your energy (and money) on treatments supported by evidence-based medicine.

### THE TAKEAWAY

If all of these modifications and supplements feel like too much for you and your child to take on right now, that’s okay. Again, there isn’t a ton of evidence supporting the use of lifestyle changes alone to treat pediatric depression. And the evidence that does exist is strongest for only mild to moderate depression.

Remember: News articles, blogs, online videos, and peer-reviewed research papers can be quite persuasive in their defense of a single treatment modality. *That’s what gets people interested in clicking on and reading the content.* Even if you were able to get your teenager to follow every single recommendation outlined in this chapter, they might *still* be depressed—not because they needed a different herbal supplement or because they were only doing yoga for exercise, but because those treatments alone just weren’t enough to manage their symptoms.

## How Do You Get a Teenager to Make Any of These Lifestyle Changes?

A month after Vee’s initial diagnosis, Vee’s parents are concerned. They weren’t thrilled that Vee refused to do therapy, but they wanted to be supportive of Vee’s decision and at least give Vee the opportunity to try it “their way” first. However, while Vee’s depression symptoms don’t seem to have gotten any worse, nothing has changed. Vee still sleeps only six hours a night, doesn’t get any exercise, and eats only processed foods from school vending machines because they’re “too busy” to eat meals at home. Vee’s parents are relatively sure that the only “lifestyle modification” Vee actually made was a decrease in the number of their weekly chores, a mutually agreed-on “temporary” decrease contingent on Vee’s using that time to go for a walk or join the

family for dinner. Vee's parents don't think things are bad enough to go back to the pediatrician or to consider this treatment plan "a failure," but they're also nervous that if things keep going the way they're going, Vee's depression will get worse.

It may be an uphill battle to get your teenager to make any lifestyle changes. Teenagers "not in motion" usually remain very much "not in motion." They're going to need some help. Whether it's because they're stuck to screens or simply refusing to leave their bed, when a teenager is having trouble making changes to their unhelpful habits, there are ways to try to make it easier for them.

For example, behavioral activation is an evidence-based treatment that appears effective in adolescent depression. It's based on the idea that depressed brains are good at getting stuck in cycles of avoidance and need positive reinforcement to move forward. Even if you haven't been depressed, consider how many times you've been determined to enact a lifestyle change and just could *not* get it off the ground. The "I'll start going for walks, eating better, joining new clubs once I feel better" mentality is common among teenagers with depression. With behavioral activation, that mentality gets restructured to "*When* I start—going for walks, eating better, joining new clubs—*then* I'll feel better."

Movement toward achieving one's personal goals is a powerful mood booster. But, if one's personal goals feel absolutely impossible to attain, it's easy to stay stuck. If your 16-year-old's dream is to become a doctor, but all they can see in front of them is academic failure and insurmountable school absences, they'll feel overwhelmed and continue to hunker down and stay in bed. This is where SMART goals come in (and also where *you* come in—teenage brains aren't the best at making SMART goals).

SMART goals stand for goals that are specific, measurable, attainable, relevant/realistic, and time-bound. Consider the example of wanting to become a doctor. If your teen with depression is convinced that their illness is sabotaging their dream of becoming a doctor, they're getting ahead of themselves. Help them readjust their focus away from that long-term goal and on something more manageable.

To go to medical school, they'll need to go to college first. To go to college they'll need to finish high school. To finish high school, they'll need to pass the 10th grade. And to do that they need better grades. How do they get better grades? Attending school is a pretty good place to start. Next, identify a (relevant) goal that targets their school attendance, one where your teen will clearly be able to see what they need to do to achieve that goal. If they're



missing two or three school days per week, see if they can get through one extra half day (specific) in the next two weeks (time-bound). The attainable and realistic parts are also key; it's better to start with a goal "so easy that it's stupid" as opposed to a harder one that your child might struggle to achieve. That struggle would just make them feel worse.

Consistency is also important. Depression can hamper the brain's functioning and with that the brain's ability to keep track of all of the activities the body needs to engage in—outside of the obligatory ones (like breathing and digesting). If taking a 30-minute walk twice a week is a realistic goal, consider scheduling those two walks at fixed times. Structure is grounding for *everyone*, and scheduling increases the odds that the new changes will stick, leading to more opportunities for your teen to feel good about themselves. If getting out of bed is hard for your child, and a scheduled wake-up time helps them to do that, that should be considered an important accomplishment.

And lastly, don't be afraid to ask for help! The more people who know about your child's goals and can help cheer them on, the better. There's a reason cheerleading teams generally consist of more than one person!\* Enlist others, like your child's therapist or a beloved teacher, to help brainstorm solutions or create SMART goals. Fresh eyes can help recognize if a SMART goal isn't actually measurable or identify a new solution for breaking the never-ending cycle of school absences.

#### TAKEAWAY FOR CHAPTER 4

Your teen may not be in a place right now to make big changes in sleep habits, diet, or exercise. Fortunately, these changes can happen gradually over time, as your teenager is able. Be patient but persistent. To help make the lifestyle changes "stick," start small and opt for specific, measurable, and attainable goals that you can incorporate predictably into your teen's daily routine.



#### MANAGING DIGITAL DANGERS

The ever-enticing draw of the screen is probably one of the biggest impediments you're facing when it comes to helping your teen make healthy lifestyle changes. Screens do very little to promote healthy sleep, and they can also wreak havoc on one's desire to get up and move. A valid argument has been

\* And a human pyramid is pretty darn hard to do with only one person . . .

made that sedentary youth are more likely to be drawn to screen-based, sedentary activities, but my own study of screen time and movement in adolescents and young adults found that on days where youth felt more dependent on their screens, they also showed lower variability in their daily routines. Kids glued to their screens wake up, go to school, go home and continue scrolling, and then (hopefully) go to sleep at some point. The next day, it's the same thing all over again. What can be done to break the cycle?

### Help Your Child “Sleep Train” by Uncoupling Screens and Sleep

Regardless of how you may feel about sleep-training babies, I'm talking about teenagers here—teenagers who may have become accustomed to some pretty terrible sleep habits (like going to bed with their smartphones on their pillows). *They need to retrain their bodies to sleep without screens.*

They may protest. They may yell. They may tell you that they've been using their phones to go to sleep at night for “literally forever” and it's the only thing that helps them sleep. Or they'll swear that their sleep has nothing to do with their being depressed. Frankly, it doesn't matter much what their excuse is. If they are depressed, optimizing sleep is critical, and that starts with good sleep hygiene.

Set a device bedtime (at least 30 minutes before you'd like them to be in bed) and remove devices from the bedroom at night. Have your teen engage in a relaxing, low-stimulus activity before going to bed. If they say they need their phone to listen to music/watch videos at night because they don't like falling asleep in silence, that's what white noise machines are for!

Many teenagers with depression also have insomnia and awaken during the night. If your teen has been sleeping with their phone in their bedroom, they may be used to scrolling when they can't sleep. In that case, help them identify screen-free, “out of bed,” calming activities that they can use to relax and (ideally) get back in bed tired enough to go back to sleep (like progressive muscle relaxation or reading in low light).<sup>\*</sup> Similar to sleep-training babies, their sleep may appear to “get worse” before it gets better, but stay the course.<sup>\*\*</sup>

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<sup>\*</sup> Also, if your teen has up to this point been sleeping with a smartphone, there's a high probability that they will get up in the middle of the night to try to find said phone. Expect that they will and plan accordingly.

<sup>\*\*</sup> Sometimes these changes won't be enough, so you may need to take a more direct approach targeting insomnia. While you can use CBT-I techniques without doing the full therapy, a course of CBT-I might be just what your teen needs. It has few side effects and could *also* improve some of their depressive symptoms. If you can't get any traction for CBT-I, there

### Consider Using Screen Time as a “Carrot”

If you’re looking to help your teen cut back a bit on their screen time, and other attempts at incentivization have failed, you could consider making their screen time contingent on certain lifestyle changes. They want to watch online videos? They first need to go for a 15-minute walk or eat dinner with the family. Or, if your teen’s screen time isn’t a huge issue, but you want to push them toward incorporating healthy habits into their daily routine, you could also offer extra screen time as an incentive. However, if screen time is already a significant source of contention between you and your child, it’s probably best to avoid screen-based “rewards”; more time online is liable to create even more problems.

To make this approach work, you may find yourself contemplating a rather undesirable action: holding your child’s device hostage (ideally temporarily). I’ve encountered many parents worried about taking this drastic step, particularly when their children name smartphones as their favorite coping skill (more on coping skills later in Chapter 7). The good news is this: If your child has a relatively healthy relationship with screens, they may yell or slam doors, but they should be able to hand their phone over to you (albeit begrudgingly) and do what they need to do to get it back. If, on the other hand, your child can’t separate without a literal battle ensuing, then frankly, *it’s all the more critical to regulate their device use at this juncture*. If you’re worried about your teen’s safety—or your own safety—when you try to take away their smartphone, your child needs more intensive treatment than supplements or exercise alone. You likely already suspect this, and hopefully, the remainder of this book will help guide your next steps.

### Draft a Digital Media Plan

If your teen is repeatedly butting against (or blowing past) the boundaries you’re placing on their screen use, it’s worth trying out a digital media plan, a concrete plan that can help your family navigate a child’s excessive screen time. There are multiple ways to craft a digital media plan (I’ll come back to one specifically addressing high-risk online behaviors in Chapter 7). **However, if you’re looking for a tool to help hold your child accountable when it comes to their screen use (either because they need to get out of the house or because you worry all that scrolling is making their mood worse), a standard media**

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are also medications that can be used to treat insomnia, many of which are sold over the counter (melatonin, diphenhydramine). Before trying medications, ask your child’s doctor if they have specific recommendations for medications that might help your teen get to sleep and *stay* asleep.

**plan might be the way to go.** A sample media plan is provided at the end of this book, but an online search can also reveal plentiful options. Regardless of what template you use, here are some things to consider:

- Be as specific as possible. This is easier if you're using a preexisting template to guide you, but sometimes those templates aren't specific enough. Think about number of hours, on what days, at what times, what they can use, for what purposes, and so forth.
- If you're planning to enact consequences for overuse of digital media or establish requirements for continued use, try to outline *exactly* what those consequences (45 minutes less screentime the following day) and requirements (20-minute walk and emptying the dishwasher before screen time) are from the get-go.
- If a type of digital media use, time of day, or part of the week (like the weekend) is more likely to trigger screen-related conflict, consider focusing the media plan on those high-conflict areas rather than on overall use.
- If your teen is already spending too much time online, taper down to the "new" daily screen time over an extended (but concrete) time period (particularly if they're currently using screens nine hours a day).
- Consider reducing screen time more indirectly by including expectations for screen-free dinners or bedtimes. Maybe you could choose to mandate at least two hours of screen-free activities on weekdays.

If your child's screen use isn't *currently* a problem, you should still consider drafting a digital media plan. Because many adolescents use devices as a way to distract themselves from psychiatric symptoms, screen use that starts out normal risks becoming excessive during a depressive episode. If you draft a digital media plan now that focuses on regulating amount of use (and content if applicable), you won't get stuck having to introduce one later on when tensions are high and everyone is stressed.



## SCREEN SUPPORTS

Despite how it may appear, I'm not arguing for no screen time at all (although there are times when that argument can certainly be made), just screen use that doesn't get in the way of healthy lifestyle habits. So, as a compromise, see if you can use your teen's love of screens to your advantage; connect screen time *with* lifestyle modifications.

For example, there are plenty of creative fitness and exercise apps out there. If your teen's a lover of *The Lord of the Rings* or all things fantasy, there's Fantasy Hike, so they can walk all their favorite imaginary worlds. There are also many video games that have an exercise component (although you may need to avoid those if you have a super inattentive, accident-prone teen). If you want your teen to try out a new hobby, see if they can (safely) connect with other people online who have similar interests. I've had patients share their creative endeavors online in some truly impressive ways. As with anything, moderation and safety are key; these online activities shouldn't take over their lives so completely that they start impacting sleep or overall functioning.

### ONLINE RESOURCES

**Common Sense Media is a great resource if you want your teen to find more healthy ways to engage with screens but have questions about the appropriateness of certain smartphone applications.**

*[www.commonsense.org/education/lists/best-nutrition-health-and-fitness-apps-for-kids](http://www.commonsense.org/education/lists/best-nutrition-health-and-fitness-apps-for-kids)*

**The Child Mind Institute offers a great primer on CBT-I if your child is struggling with sleep and you want to know more.**

*[www.childmind.org/article/how-to-help-kids-sleep](http://www.childmind.org/article/how-to-help-kids-sleep)*

**The American Academy of Pediatrics' has created a tool to guide you through building an individual or family media plan, and the interface is super user-friendly. However, keep in mind that it's more of a traditional media plan, without as much focus on high-risk media use.**

*[www.healthychildren.org/English/fmp](http://www.healthychildren.org/English/fmp)*