FREE GUIDE

Talking to Your Child About Mental Health

An age-by-age conversation guide for parents. What to say, what not to say, and how to build a home where mental health is not a secret.

8 pages | Printable | Shareable

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The conversations you have now shape how your child handles mental health for the rest of their life.

Why These Conversations Matter

Children are always absorbing messages about emotions and mental health, whether we intend it or not. When mental health is treated as a taboo or embarrassing subject, children learn to hide their struggles. When it is discussed openly and honestly, children learn that asking for help is strength, not weakness.

The goal of these conversations is not to give your child a clinical education. It is to build a home where feelings are safe to express, where getting help is normal, and where your child knows they can come to you with anything.

Common Parent Fears (and Why They Are Unfounded)

- "I will scare my child." Children are more resilient than we think. What scares them is not knowing what is happening. Clear, age-appropriate information reduces anxiety.
- "I do not know what to say." You do not need to be an expert. You just need to be honest, warm, and willing to listen. This guide gives you the words.
- "I will make it worse." Research consistently shows that open conversations about mental health improve outcomes. Silence is what makes things worse.
- "My child is too young to understand." Even preschoolers understand happy, sad, scared, and angry. That is all you need to start.

The Golden Rule:
Listen more than you talk. Ask open-ended questions. Validate feelings before solving problems. Children do not need you to fix everything. They need to know you hear them.

Ages 4-7: Building the Foundation

At this age, children are learning to identify and name emotions. Your job is to build their emotional vocabulary and normalize the full range of feelings.

What to Say

- "Everyone has feelings. Happy, sad, scared, angry, excited, confused. All feelings are OK to have."
- "Sometimes our feelings are really big and hard to handle. That is normal. We can always talk about them."
- "When you feel sad or scared, you can always come to me. I will listen."
- "Some people see a feelings doctor who helps them when feelings get really big. That is a normal thing that helps a lot of people."
- "Daddy/Mommy sometimes feels worried (or sad) too. When that happens, I talk to someone about it, and that helps me feel better."

Activities That Help

- Feelings thermometer: Draw a thermometer on paper. Help your child color how big their feeling is toda This teaches self-awareness.
- Emotion faces: Draw or print faces showing different emotions. Ask your child to pick the one that m how they feel.
- Story time: Read books about feelings together. Ask: "How do you think that character feels? Ha ever felt that way?"
- Daily check-in: At dinner or bedtime, ask: "What was the best part of your day? What was the part?" Make this a ritual.

What NOT to Say

- "Big boys (or big girls) do not cry." — This teaches children to suppress emotions.
- "There is nothing to be scared of." — This invalidates their experience. Instead: "I can I am here with you."
- "Stop being so dramatic." — What feels small to an adult can feel enormous to a ch
- "You are fine." — They may not be. Instead: "How are you feeling? Tell me abou

Ages 8-12: Going Deeper

At this age, children can understand more complex concepts. They are beginning to compare themselves to peers and may start noticing differences in how they feel or behave.

Explaining Therapy

"A therapist is like a coach for your feelings. Just like you have a coach who helps you get better at soccer, a therapist helps you get better at handling tough feelings. They teach you tools and strategies that make hard things easier."

Explaining Medication

"Your brain makes chemicals that help you focus (or feel calm, or feel happy). Sometimes those chemicals need a little help. This medicine helps your brain make the right amount, kind of like how vitamins help your body stay healthy."

Explaining a Diagnosis

"The doctor said you have something called [ADHD / anxiety / depression]. It is not your fault, and it does not mean anything is wrong with you. It means your brain works differently in some ways, and now we know exactly how to help."

- Use matter-of-fact language. Your tone matters more than your words.
    - Normalize it: "Lots of kids have this. You probably know some of them."
        - Emphasize strengths: "People with ADHD are often really creative and energetic."
            - Avoid: "You have a disorder" (too scary) or "There is something wrong with your brain" (too pathologizing)

When Your Child Says "I Am Fine" But Is Not

- Do not push in the moment. Say: "OK. I am here whenever you want to talk."
    - Try again later in a different context (car rides are great — no eye contact required)
        - Use indirect approaches: "I noticed you have been a little quieter lately. I just want to check in."
            - Share your own experiences: "When I was your age, I worried about friends too. It is really norm
                - Ask specific questions instead of general ones: "How are things going with Maya?" instead o school?"

Ages 13-17: The Hard Conversations

Teenagers are developing their identity and independence. Mental health conversations with teens require respect, honesty, and a willingness to step back and listen.

Talking About Depression

"I have noticed you seem really down lately, and I am worried about you. I am not trying to fix anything or tell you what to do. I just want you to know that I see you, and I am here. If something is going on, I want to help you figure it out."

- Do not minimize: "You have nothing to be depressed about" is the fastest way to end the conversation.
  - Do not compare: "When I was your age..." may feel dismissive. Lead with curiosity, not your own experience.
    - Ask directly about self-harm if you suspect it: "Some kids hurt themselves when they are in a lot of pain. Is that something you have done?" Asking does NOT encourage it.

Talking About Anxiety

"Anxiety is your brain's alarm system going off when there is no real danger. It does not mean you are weak or broken. It means your alarm is too sensitive. There are real tools that help turn the volume down."

Talking About Substance Use

"I know you are going to be around alcohol and drugs. I would rather you come to me honestly than hide it. Here is what I need you to know: substances can make mental health worse, especially for brains that are still developing. If you are using something to cope with how you feel, let us find a better way together."

Talking About Suicide

If your teen shows warning signs (withdrawal, hopelessness, giving away possessions, talk of being a burden):

- Ask directly: "Are you thinking about hurting yourself or ending your life?" This question saves lives.
  - Do not panic. Stay calm, listen, and validate: "I am so glad you told me."
    - Do not promise to keep it secret: "I love you too much to keep this to ourselves. We are going to get he
      - Remove access to means (medications, weapons) immediately
        - Call 988 (Suicide & Crisis Lifeline) or go to the emergency room

When a Family Member Has Mental Illness

If a parent, sibling, or close family member is struggling with mental illness, children notice — even when we think we are hiding it. Here is how to address it:

For Young Children (Ages 4-8)

"Mommy/Daddy has been feeling sad and tired. It is not because of anything you did. The doctor is helping, and things are going to get better. You can always ask me questions about it."

For Older Children (Ages 9-12)

"I want to be honest with you. Dad/Mom is dealing with depression. It is a medical condition, like diabetes or asthma — it is not a choice and it is not anyone's fault. We are getting help, and I want you to know that your feelings about this matter too."

For Teenagers

"I know you have noticed that things have been hard for [family member] lately. They are dealing with [condition], and they are getting treatment. I want you to know a few things: it is not your responsibility to fix it, it is OK to have complicated feelings about it, and I am here to talk about how this is affecting you."

Key Principles for All Ages

- Be honest at an age-appropriate level. Secrecy breeds anxiety.
  - Reassure them that it is not their fault (children blame themselves instinctively)
    - Let them know they are safe and cared for
      - Name the condition — vague language creates more fear than specific information
        - Validate their feelings: anger, sadness, embarrassment, and confusion are all normal
          - Consider family therapy — it gives everyone a safe space to process

Building a Mentally Healthy Home

Beyond specific conversations, the overall culture of your home shapes how your child relates to mental health. Here are daily practices that make a lasting difference:

Model Emotional Openness

- Name your own emotions: "I am feeling frustrated right now. I am going to take a few deep breaths."
- Show healthy coping: Let your child see you go for a walk, journal, or take a break when stressed.
- Apologize when you make mistakes: "I should not have yelled. I was feeling overwhelmed. I am sorry."
- Talk about your own therapy or doctor visits positively: "I talked to my doctor today and it helped."

Create Connection Rituals

- Daily check-ins at dinner or bedtime (even 5 minutes)
- One-on-one time with each child regularly
- Family meetings where everyone gets a voice
- "Rose, Thorn, Bud": Each person shares the best part of their day (rose), the hardest part (thorn something they are looking forward to (bud)

Respond to Emotions, Not Just Behavior

- When a child acts out, ask: "What is happening underneath this behavior?"
- A tantrum is often anxiety, frustration, or sensory overload — not defiance
- Address the feeling first, the behavior second: "I can see you are really angry. Let us ta happened."
- Punishing emotions teaches children to hide them. Coaching emotions teaches chi

Conversation Starters by Situation

Use these as jumping-off points. Adapt the language to fit your child and your family:

Your child seems anxious

"I have noticed you seem worried about [school/friends/etc.]. I want to help. Can you tell me what is going on?"

Your child is being bullied

"Nobody deserves to be treated that way. Thank you for telling me. Let us figure out what to do together."

Your child is withdrawing

"You have been spending a lot of time alone lately. I am not trying to bug you — I just miss you and want to make sure you are OK."

After a family crisis

"That was really hard for our family. How are you feeling about it? It is OK to feel [sad/scared/confused/angry]."

Starting therapy

"We found someone who is great at helping kids with exactly what you are going through. They are on your team, just like I am."

Starting medication

"This medicine is going to help your brain do what it is already trying to do. If anything does not feel right, you tell me and we will talk to the doctor."

A classmate is struggling

"It sounds like [friend] is going through a hard time. How are you feeling about it? You can be a good friend by listening and letting an adult know if you are worried about them."

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