

# HANDS-ON Health

Health Wave Newsletter

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## Depression

**Everyone occasionally feels blue or sad. But these feelings are usually short-lived and pass within a couple of days. Depression interferes with daily life and causes pain for those suffering from depression and those who care about them. Depression is a common but serious illness.**

**MINOR DEPRESSION** is characterized by having symptoms for 2 weeks or longer that do not meet full criteria for major depression. Without treatment, people with minor depression are at high risk for developing major depressive disorder.

**MAJOR DEPRESSION** is characterized by a combination of symptoms that interfere with a person's ability to work, sleep, study, eat, and enjoy once-pleasurable activities. Major depression is disabling and prevents a person from functioning normally. Some people may experience only a single episode within their lifetime, but more often a person may have multiple episodes.

## DEPRESSION AND HIGH SCHOOL STUDENTS

Depression can occur during adolescence, a time of great personal change. Students may be facing changes in where they go to school, their friends, after-school activities, as well as in relationships with family members. They may have different feelings about the type of person they want to be, their future plans, and may be making decisions for their first time.

Many students don't know where to go for mental health treatment or believe that treatment won't help. Others don't get help because they think depression symptoms are just part of the typical stresses of school or being a teen. Some students worry what other people will think if they seek mental health care.

Listed below are common questions, compiled by the National Institute of Mental Health, about depression and how it can affect high school students.

### Q. What is depression?

**A.** Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time and interferes with your day-to-day activities.

### Q. What are the symptoms of depression?

**A.** Different people experience different symptoms of depression. If you are depressed, you may feel:

Sad	Anxious	Empty
Hopeless	Guilty	Worthless
Helpless	Irritable	Restless

You may also experience one or more of the following symptoms:

- Loss of interest in activities you used to enjoy
- Lack of energy
- Problems concentrating, remembering information, or making decisions
- Problems falling sleep, staying asleep, or sleeping too much
- Loss of appetite or eating too much
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps, or digestive problems that do not go away.

Depression in adolescence frequently co-occurs with other disorders such as anxiety, disruptive behavior, eating disorders or substance abuse. It can also lead to increased risk for suicide.

### Q. What causes depression?

A. Depression does not have a single cause. Several factors can lead to depression. Some people

carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences—also affects your risk for depression. Any stressful situation may trigger depression. And high school students encounter a number of stressful situations!

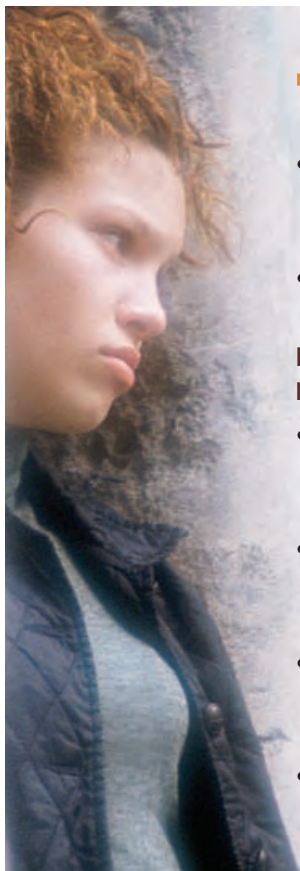
### Q. How can I find out if I have depression?

A. The first step is to talk with your parents or a trusted adult who can help you make an appointment to speak with a doctor or mental health care provider. Some school counselors may also be able to help you find appropriate care.

The doctor or mental health care provider can do an exam to help determine if you have depression or if you have another health or mental health problem. Some medical conditions or medications can produce symptoms similar to depression.

The doctor or mental health care provider will ask you about:

- Your symptoms
- Your history of depression
- Your family's history of depression
- Your medical history
- Alcohol or drug use
- Any thoughts of death or suicide.



## TRENDS AND STATISTICS

- 11% of adolescents in the U.S. suffer from depression. Girls are more likely than boys to experience depression. (National Institute of Mental Health: Depression in Children and Adolescents, April, 2011)
- Suicide is the third leading cause of death among youths and young adults aged 10-24 years in the United States.

### FINDINGS FROM THE 2013 YOUTH RISK BEHAVIOR SURVEILLANCE SURVEY: Nationwide, during the 12 months before the survey:

- 29.9% of students had felt so sad or hopeless almost every day for 2 or more weeks in a row that they stopped doing some usual activities. Prevalence was higher among female (39.1%) than male (20.8%) students
- 17.0% of students had seriously considered attempting suicide during the 12 months before the survey. Overall, the prevalence of having seriously considered attempting suicide was higher among female (22.4%) than male (11.6%) students
- 13.6% of students nationwide had made a plan about how they would attempt suicide. Overall, the prevalence of having made a suicide plan was higher among female (16.9%) than male (10.3%) students
- 8.0% of students had attempted suicide one or more times. Overall, the prevalence of having attempted suicide was higher among female (10.6%) than male (5.4%) students

## Q. How is depression treated?

**A.** A number of very effective treatments for depression are available. The most common treatments are antidepressants and psychotherapy. An NIMH-funded clinical trial of 439 teens with major depression found that a combination of medication and psychotherapy was the most effective treatment option. A doctor or mental health care provider can help you find the treatment that's right for you.

## Q. What are antidepressants?

**A.** Antidepressants work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.

## Q. If a doctor prescribes an antidepressant, how long will I have to take it?

**A.** You will need to take regular doses of antidepressants for four to six weeks before you feel the full effect of these medicines. Some people need to take antidepressants for a short time. If your depression is long lasting or comes back again and again, you may need to take antidepressants longer.

## Q. What is psychotherapy?

**A.** Psychotherapy involves talking with a mental health care professional to treat a mental illness. Types of psychotherapy often used to treat depression include:

- Cognitive-behavioral therapy (CBT), which helps people change negative styles of thinking and behavior that may contribute to depression



- Interpersonal therapy (IPT), which helps people understand and work through troubled personal relationships that may cause or worsen depression.

Depending on the type and severity of your depression, a mental health professional may recommend short-term therapy, lasting 10 to 20 weeks, or longer-term therapy.

## Q. How can I help myself if I am depressed?

**A.** If you have depression, you may feel exhausted, helpless, and hopeless. But it is important to realize that these feelings are part of the depression and do not reflect your real circumstances. Treatment can help you feel better.

To help yourself feel better:

- Engage in mild physical activity or exercise
- Participate in activities that you used to enjoy
- Break up large projects into smaller tasks and do what you can
- Spend time with or call your friends and family
- Expect your mood to improve gradually with treatment
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

## Q. How can I help a friend who is depressed?

**A.** If you think a friend may have depression, you can help him or her get diagnosed and treated. Make sure he or she talks to an adult and gets evaluated by a doctor or mental health provider. If your friend seems unable or unwilling to seek help, offer to go with him or her and tell your friend that his or her health and

safety is important to you.

Encourage your friend to stay in treatment or seek a different treatment if he or she does not begin to feel better after six to eight weeks. You can also:

- Offer emotional support, understanding, patience, and encouragement
- Talk to your friend, not necessarily about depression, and listen carefully
- Never discount the feelings your friend expresses, but point out realities and offer hope
- Never ignore comments about suicide
- Report comments about suicide to your friend's parents, therapist or doctor
- Invite your friend out for walks, outings, and other activities—keep trying if your friend declines, but don't push him or her to take on too much too soon
- Remind your friend that with time and treatment, the depression will lift.

### Q. What if I or someone I know is in crisis?

**A.** If you are thinking about harming yourself or having thoughts of suicide, or if you know someone who is, seek help right away.

- Call your doctor or mental health care provider.
- Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you do these things.
- Call your campus suicide or crisis hotline.
- Call the National Suicide Prevention Lifeline's toll-free, 24-hour hotline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4TTY (1-800-799-4889) to talk to a trained counselor.
- If you are in crisis, make sure you are not left alone.
- If someone else is in crisis, make sure he or she is not left alone.



### Q. What efforts are underway to help high school students who have depression?

**A.** Researchers are studying new ways to diagnose and treat depression in high school age students. Increasing the early detection and treatment of depression can help more students succeed academically and achieve their goals in school and after graduation.

The National Institute of Mental Health (NIMH) sponsors research on the causes, diagnosis, and treatment of depression, including studies focused on adolescents and young adults. Two large scale clinical trials focusing on depression in this population are:

- Treatment for Adolescents with Depression Study (TADS)
- Treatment of SSRI-resistant Depression in Adolescents (TORDIA) study

See Myths About Depression and Suicide on the following page.

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# Myths About Depression and Suicide:

**Myth:** **Teens don't suffer from 'real' depression; it's normal for them to be moody.**

**Facts:** Depression affects people of all ages, race, and ethnicity.

**Myth:** **Talking about depression will only make it worse.**

**Facts:** Talking about it with a trusted friend or family member is the first step in getting help. Talking about depression and suicide, along with the stressor/s triggering it can be lifesaving.

**Myth:** **Someone who has attempted suicide will not try it again.**

**Facts:** This is false, especially if the person has not received adequate help, or has not dealt with the underlying causes of depression. An unsuccessful suicide attempt is a cry for help—be sure the person gets professional and adequate help.

**Myth:** **People who talk about suicide never follow through.**

**Facts:** The majority of people who do commit suicide tell someone they are thinking about it before they do it. Adolescents are at particular risk because it is normally a very stressful time in their lives. The physical and emotional changes they are experiencing, along with peer, social, and/or family pressures cause them to feel very confused and often hopeless.

**Myth:** **Most people who commit suicide don't give any warning signs.**

**Facts:** In fact, most of them do, but most people don't recognize the warning signs. Learn to recognize the warning signs for both depression and suicide, and intervene as early as possible.