

DEPRESSION

and High School Students

Answers to students' frequently asked questions about depression.

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

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.

This fact sheet addresses common questions 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. Are there different types of depression?

A. Yes. The most common depressive disorders are:

- **Major depressive disorder**—also called major depression. The symptoms of major depression are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly.
- **Dysthymic disorder**—also called dysthymia. Dysthymia is mild, chronic depression. The symptoms of dysthymia last for a long time—2 years or more. Dysthymia is less severe than major depression, but it can still interfere with everyday activities. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.

- **Minor depression**—similar to major depression and dysthymia. Symptoms of minor depression are less severe and/or are usually shorter term. Without treatment, however, people with minor depression are at high risk for developing major depressive disorder.

Other types of depression include:

- **Psychotic depression**—severe depression accompanied by some form of psychosis, such as hallucinations and delusions.
- **Seasonal affective disorder**—depression that begins during the winter months and lifts during spring and summer.

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. Your family doctor or school counselor 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.

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.¹ 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 4 to 6 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 that have been shown to be effective in treating 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:

- Give treatment a fair chance—attend sessions and follow your doctor’s or therapist’s advice, including advice about specific exercises or “homework” to try between appointments
- 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 6 to 8 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 continue to study new ways to diagnose and treat depression in high school age students. Some scientists are also looking into different ways to classify symptoms, which may provide news clues about how the disorder develops and which treatments are most effective. Increasing the early detection and treatment of depression can help more students succeed academically and achieve their goals in school and after graduation.

You can find more information about the causes, diagnosis, and treatment of depression, including research related to adolescents and young adults, on the National Institute of Mental Health (NIMH) website.

- **Information about Depression:** <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

You can also connect with NIMH through social media:

- **NIMH Facebook:** <http://www.facebook.com/nimhgov>
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Reference

1. March J, Silva S, Petrycki S, Curry J, Wells K, Fairbank J, Burns B, Domino M, McNulty S, Vitiello B, Severe J. Treatment for Adolescents with Depression Study (TADS) team. Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for Adolescents with Depression Study (TADS) randomized controlled trial. *Journal of the American Medical Association*, 2004; 292(7): 807–820.

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