

DEPRESSION AND COLLEGE STUDENTS



**ANSWERS TO
COLLEGE STUDENTS'
FREQUENTLY ASKED
QUESTIONS ABOUT
DEPRESSION**

FEELING MOODY, SAD, OR GROUCHY? WHO DOESN'T ONCE IN A WHILE?

College is an exciting time, but it can also be very challenging. As a college student, you might be leaving home for the first time, learning to live independently, taking tough classes, meeting new people, and getting a lot less sleep. Small or large setbacks can seem like the end of the world, but these feelings usually pass with a little time.

But if you have been feeling sad, hopeless, or irritable for at least 2 weeks, you might have depression. You're not alone. Depression is the most common health problem for college students.¹ You should know:

- ➔ **Depression is a medical illness.**
- ➔ **Depression can be treated.**
- ➔ **Early treatment is best.**
- ➔ **Most colleges offer free or low-cost mental health services to students.**

¹ Buchanan, J. L. (2012). Prevention of depression in the college student population: A review of the literature. *Archives of Psychiatric Nursing*, 26(1), 21-42. doi:10.1016/j.apnu.2011.03.003. Retrieved July 31, 2015, from <http://www.sciencedirect.com/science/article/pii/S0883941711000379>.

Q: WHAT IS DEPRESSION?

A: **Depression is a medical illness with many symptoms**, including physical ones. Sadness is only a small part of depression. Some people with depression may not feel sadness at all, but be more irritable, or just lose interest in things they usually like to do. Depression interferes with your daily life and normal function. Don't ignore or try to hide the symptoms. It is not a character flaw, and you can't will it away.

Q: ARE THERE DIFFERENT TYPES OF DEPRESSION?

A: Yes. The most common depressive disorders include major depression (a discrete episode, clearly different from a person's usual feeling and functioning), persistent depressive disorder (a chronic, low-grade depression that can get better or worse over time), and psychotic depression (the most severe, with delusions or hallucinations). Some people are vulnerable to depression in the winter ("seasonal affective disorder"), and some women report depression in the week or two prior to their menstrual period ("premenstrual dysphoric disorder"). You can learn about these and other types of depression at <http://www.nimh.nih.gov/health/topics/depression/index.shtml>.

Q: WHAT ARE THE SIGNS AND SYMPTOMS OF DEPRESSION?

A: If you have been experiencing any of the following signs and symptoms nearly every day for at least 2 weeks, you may have major (sometimes called "clinical") depression:

- ↳ Persistent sad, anxious, or "empty" mood
- ↳ Feelings of hopelessness, pessimism
- ↳ Feelings of guilt, worthlessness, helplessness
- ↳ Loss of interest or pleasure in hobbies and activities
- ↳ Decreased energy, fatigue, being "slowed down"
- ↳ Difficulty concentrating, remembering, making decisions
- ↳ Difficulty sleeping, early-morning awakening, or oversleeping
- ↳ Appetite and/or unwanted weight changes
- ↳ Thoughts of death or suicide; suicide attempts
- ↳ Restlessness, irritability
- ↳ Persistent physical symptoms, such as muscle pain or headaches.

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms. Some people have many. *If any of these symptoms is interfering with your functioning—or if you are having thoughts that life is not worth living or ideas of harming yourself—you should seek help immediately; it is not necessary to wait 2 weeks.*

Q: WHAT ARE “CO-OCCURRING” DISORDERS?

A: Depression can occur at the same time as other health problems, such as anxiety, an eating disorder, or substance abuse. It can also co-occur with other medical conditions, such as diabetes or thyroid imbalance. Certain medications—for example, those for the treatment of severe acne—may cause side effects that contribute to depression; although some women are very sensitive to hormonal changes, modern birth control pills are not associated with depression for most users.

Q: IF I THINK I MAY HAVE DEPRESSION, WHERE CAN I GET HELP?

A: If you have symptoms of depression that are getting in the way of your ability to function with your studies and your social life, ask for help. Depression can get better with care and treatment. Don't wait for depression to go away by itself or think you can manage it all on your own, and don't ignore how you're feeling just because you think you can “explain” it. As a college student, you're busy—but you need to make time to get help. If you don't ask for help, depression may get worse and contribute to other health problems, while robbing you of the academic and social enjoyment and success that brought you to college in the first place. It can also lead to “self-medication” with high-risk behaviors with their own serious consequences, such as binge drinking and other substance abuse and having unsafe sex.

Most colleges provide mental health services through counseling centers, student health centers, or both. Check out your college website for information. If you think you might have depression, start by making an appointment with a doctor or health care provider for a checkup. This can be a doctor or health care provider at your college's student health services center, a doctor who is off-campus in your college town, or a doctor in your hometown. Your doctor can make sure that you do not have another health problem that is causing your depression.

If your doctor finds that you do not have another health problem, he or she can discuss treatment options or refer you to a mental health professional, such as a psychiatrist, counselor, or psychologist. A mental health professional can give you a thorough evaluation and also treat your depression.

If you have thoughts of wishing you were dead or of suicide, call a helpline, such as **1-800-273-TALK (8255)**, for free 24-hour help, call campus security or 911, or go to the nearest emergency room.

Q: HOW IS DEPRESSION TREATED

A: Effective treatments for depression include talk therapy (also called psychotherapy), personalized for your situation, or a combination of talk therapy and medication. Early treatment is best.

Q: WHAT IS TALK THERAPY?

A: A therapist, such as a psychiatrist, a psychologist, a social worker, or counselor, can help you understand and manage your moods and feelings. You can talk out your emotions to someone who understands and supports you. You can also learn how to stop thinking negatively and start to look at the positives in life. This will help you build confidence and feel better about yourself as you begin to work with your therapist to find solutions to problems that may have seemed insurmountable when you were feeling depressed and maybe even hopeless. Research has shown that certain types of talk therapy or psychotherapy can help young adults deal with depression.

These include:

- **Cognitive behavioral therapy**, or CBT, which focuses on thoughts, behaviors, and feelings related to depression
- **Interpersonal psychotherapy**, or IPT, which focuses on working on relationships
- **Dialectical behavior therapy**, or DBT, which is especially useful when depression is accompanied by self-destructive or self-harming behavior.

All therapies can be adapted to each person's issues, for example, if depression is associated with an anxiety or eating disorder. Your college counseling center may offer both individual and group counseling. Many also offer workshops and outreach programs to support you.

Read more about talk therapies at <http://www.nimh.nih.gov/health/topics/psychotherapies>.

Q: WHAT MEDICATIONS TREAT DEPRESSION?

A: If your doctor thinks you need medication to help your depression, he or she may prescribe an antidepressant. There are a number of antidepressants that have been widely studied and proven to help. If your doctor recommends medication, it is important to see your doctor regularly and tell him or her about any side effects and how you are feeling, especially if you start feeling worse or

have thoughts of hurting yourself. Although the doctor will attempt to “match” the best medication for your depression, sometimes it takes a little “trial and error” to find the best choice. If you or a close family member has done well on a particular medication in the past, that can be a good predictor of success again.

Always follow the directions of the doctor or health care provider when taking medication. You will need to take one or more regular doses of an antidepressant every day, and it may not take full effect for a few weeks. To avoid having depression return, most people continue taking medication for some months after they are feeling better. If your depression is long-lasting or comes back repeatedly, you may need to take antidepressants longer.

Although all antidepressants can cause side effects, some are more likely to cause certain side effects than others. Tell your doctor if you are often “sensitive” to medication; starting with a low dose and increasing it slowly to a full therapeutic level is the best way to minimize adverse effects. You may need to try more than one antidepressant medicine before finding the one that improves your symptoms without causing side effects that are difficult to live with.

Read more about medications for depression at <http://www.nimh.nih.gov/health/topics/mental-health-medications/mental-health-medications.shtml>.

Q: WHAT ELSE CAN I DO?

A: Besides seeing a doctor and a counselor, you can also help your depression by being patient with yourself and good to yourself. Don't expect to get better immediately, but you will feel yourself improving gradually over time.

- ➔ Daily exercise, spending time outside in nature and in the sun, and eating healthy foods can also help you feel better.
- ➔ Get enough sleep. Try to have consistent sleep habits and avoid all-night study sessions.
- ➔ Your counselor may teach you how to be aware of your feelings and teach you relaxation techniques. Use these when you start feeling down or upset.
- ➔ Avoid using drugs and at least minimize, if not totally avoid, alcohol.
- ➔ Break up large tasks into small ones, and do what you can as you can; try not to do too many things at once.
- ➔ Try to spend time with supportive family members or friends, and take advantage of campus resources, such as student support groups. Talking with your parents, guardian, or other students who listen and care about you gives you support.

- ➔ Try to get out with friends and try fun things that help you express yourself. As you recover from depression, you may find that even if you don't feel like going out with friends, if you push yourself to do so, you'll be able to enjoy yourself more than you thought.

Remember that, by treating your depression, you are helping yourself succeed in college and after graduation.

Q: WHAT ARE THE WARNING SIGNS FOR SUICIDE?

A: Depression is also a major risk factor for suicide. The following are some of the signs you might notice in yourself or a friend that may be reason for concern.

- ➔ Talking about wanting to die or to kill oneself
- ➔ Looking for a way to kill oneself, such as searching online or buying a gun
- ➔ Talking about feeling hopeless or having no reason to live
- ➔ Talking about feeling trapped or in unbearable pain
- ➔ Talking about being a burden to others and that others would be better off if one was gone
- ➔ Increasing the use of alcohol or drugs
- ➔ Acting anxious or agitated; behaving recklessly
- ➔ Giving away prized possessions
- ➔ Sleeping too little or too much
- ➔ Withdrawing or feeling isolated
- ➔ Showing rage or talking about seeking revenge
- ➔ Displaying extreme mood swings.

Q: WHAT SHOULD I DO IF I AM CONSIDERING SUICIDE?

A: If you are in crisis and need help, call this toll-free number, available 24 hours a day, every day: 1-800-273-TALK (8255). You will reach the National Suicide Prevention Lifeline, a service available to anyone. You may call for yourself or for someone you care about, and all calls are confidential. You can also visit the Lifeline's website at <http://www.suicidepreventionlifeline.org>.

Q: WHAT SHOULD I DO IF SOMEONE I KNOW IS CONSIDERING SUICIDE?

A: If you know someone who is considering suicide, do not leave him or her alone. Try to get your friend or loved one to seek immediate help from his or her doctor, campus security, the student health service, or the nearest hospital emergency room, or call 911. Remove any access he or she may have to firearms or other potential tools for suicide, including medications. You can also call to seek help as soon as possible by calling the Lifeline at 1-800-273-TALK (8255).

Q: WHERE CAN I LEARN MORE ABOUT DEPRESSION AND OTHER MENTAL HEALTH ISSUES?

A: The National Institute of Mental Health (NIMH) website (<http://www.nimh.nih.gov>) provides information about various mental health disorders and mental health issues. On the website, you can also learn about the latest mental health research and news. The website is mobile-friendly. This means you can access the NIMH website anywhere, anytime, and on any device—from desktop computers to tablets and mobile phones.

You can also follow NIMH on Twitter (@NIMHgov), YouTube (<https://www.youtube.com/user/NIMHgov>), Facebook, Google+, and LinkedIn.

NIMH sometimes hosts live Twitter chats and other social media events on various mental health issues. For more information about past and upcoming events, visit the NIMH website (<http://www.nimh.nih.gov>).



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