

Depression is a medical condition that responds to treatment in most cases.

If your loved one has become isolated or has lost pleasure in most activities, is expressing hopelessness, or seems to be having unexplained changes to their mood, behavior, or overall wellness, they may be experiencing depression. If you have concerns, talk with your loved one and support them in getting evaluated by a medical or mental health professional so that they can get the care they need and deserve.

What does depression look like?

The key feature of depression is that it **causes significant impairment or loss of functioning**.

To be diagnosed with depression, a person will have

- been feeling miserable, depressed, sad, empty, or irritable for most of the day, nearly every day for 2 weeks OR
- lost interest or pleasure in previously-enjoyed activities

The person will have also experienced changes in some of these areas:

- sleep patterns or eating habits, whether more or less than usual
- energy levels and activity, such as unrest or fatigue
- sense of self-worth or feelings of guilt
- physical health, including unexplained or nonspecific aches and pains
- ability to concentrate or remember, make decisions, or be organized.

They might also

- have recurrent thoughts of death or suicide, made a suicide plan, or attempted suicide
- be abusing alcohol or other drugs
- be feeling very stressed or anxious.

Depression affects a person's thinking. The areas of thinking commonly affected include



Learn more about the impact of depression on thinking at familyaware.org/more-than-mood

It's not up to you to diagnose someone. As a caregiver, your role is to support your loved one in recognizing the problem and getting care. You can be a partner on their path to wellness.

What are the different types of depression?

The main diagnosis for depression is **major depressive disorder**, also called "clinical depression." It is characterized by a combination of the symptoms listed above. Other types of depression include

- Dysthymia, a mild depression that persists for more than 2 years
- Perinatal or Postpartum Depression ("PPD"), depression that has its onset during pregnancy or up to 1 year following childbirth or end of pregnancy
- Treatment-Resistant (or "hard-to-treat") Depression, major depressive disorder that does not adequately respond to 2 or more courses of appropriately-dosed and taken-as-prescribed medication.

Bipolar Disorder is a kind of depression characterized by lows (depression) and elevated mood and activity levels (mania). Bipolar disorder treatment is different than treatment for major depressive disorder. If your loved one has any experience with mania, even if mild, the clinician making the diagnosis needs to know about it.

How is depression treated?

Treatment is not the same for everyone, but studies show the most effective approach is a combination of talk therapy and medication. Learn about the different types of treatment so you can support your loved one in getting the kind of treatment that best meets their priorities, preferences, and goals. Here is a very quick overview.

- **Talk Therapy:** There are many types and styles of psychotherapy so there should be something for everyone. Not all types are available everywhere so if your loved one has a particular interest, it may take some looking to find an appropriate provider. With tele-mental health, people often have options that are not available in person. Cognitive behavioral therapy (CBT) is frequently used in treating depression.
- **Anti-depressant Medication:** Not everyone needs medication and not everyone who needs medication will need to stay on it for a long time. However, medication is often helpful for stabilizing a person so that they can alleviate symptoms and improve their functioning. This also allows them to make better use of talk therapy than if their symptoms were not managed. It may take several weeks for a medication to provide significant relief. There are different classes of medication, so if one isn't helping, it may make sense to try a medication from a different class. During the period that it takes for medication to take effect, caregivers may be helpful by keeping track of positive effects and side effects and being alert for changes in their loved one's mood and behavior. This can be a time of heightened risk for suicide.
- **Ketamine:** A form of ketamine has been approved for use in some cases of depression and for some people who are suicidal.
- **Treatments Beyond Medications:** Some people find that medication does not help to return them to functioning or alleviate their symptoms sufficiently. In those cases, doctors may recommend use of an approved brain stimulation treatment, including transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), or vagus nerve stimulation (VNS).
- **Intensive Interventions:** Though most people are treated for depression in an outpatient setting, some people may require a higher level of intervention. These may include intensive outpatient programs (IOP), partial hospitalization, or inpatient care at a hospital or psychiatric care facility.

Why won't my loved one acknowledge there's a problem and take action?

The Stages of Change model tells us that people will not make a change (including deciding to seek treatment) until they are ready for it. Learn about the Stages of Change, having realistic expectations, and helping your loved one at familyaware.org/stages-of-change.

Learn about practical ways to help yourself and others with our **FREE WEBINARS!**

We cover topics like stress and depression in adults, teen mental health, issues in getting care, and ways to address workplace mental health. Find them at familyaware.org/trainings.

Take the
Depression Screening Test at
familyaware.org/moodtest

Caregiver stress is a real problem. Check
your stress level and learn ways to manage your
stress at familyaware.org/stress-test

These crisis lines can provide immediate help for anyone who is thinking about suicide and can help caregivers when a loved one is suicidal. In a life-threatening emergency, call 9-1-1.

- National Suicide Prevention Lifeline, call 1-800-273-8255 or chat at suicidepreventionlifeline.org
- Veterans' Crisis Line, call 1-800-273-8255 ("TALK"), then press "1"
- Crisis Text Line, text HELLO to 741-741
- The Trevor Project for LGBTQ Youth, call 1-866-488-7386; text/chat online at thetrevorproject.org
- The Trans Lifeline for transgender people, call 1-866-488-7386

Families for Depression Awareness is a national nonprofit organization helping families recognize and cope with depression and bipolar disorder to get people well and prevent suicides.