Depression in Children, Adolescents, and Young Adults
Children’s Mental health awareness
Depression in Children and Adolescents Fact Sheet

About 11 percent of adolescents have a depressive disorder by age 18 according to the National Comorbidity Survey-Adolescent Supplement (NCS-A). Girls are more likely than boys to experience depression. The risk for depression increases as a child gets older. According to the World Health Organization, major depressive disorder is the leading cause of disability among Americans age 15 to 44.

Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child who shows changes in behavior is just going through a temporary “phase” or is suffering from depression.

YESTERDAY

- People believed that children could not get depression. Teens with depression were often dismissed as being moody or difficult.
- It wasn’t known that having depression can increase a person’s risk for heart disease, diabetes, and other diseases.
- Today’s most commonly used type of antidepressant medications did not exist. Selective serotonin reuptake inhibitors (SSRIs) resulted from the work of the late Nobel Laureate and NIH researcher Julius Axelrod, who defined the action of brain chemicals (neurotransmitters) in mood disorders.

TODAY

- We now know that youth who have depression may show signs that are slightly different from the typical adult symptoms of depression. Children who are depressed may complain of feeling sick, refuse to go to school, cling to a parent or caregiver, or worry excessively that a parent may die. Older children and teens may sulk, get into trouble at school, be negative or grouchy, or feel misunderstood.
- Findings from NIMH-funded, large-scale effectiveness trials are helping doctors and their patients make better individual treatment decisions. For example, the Treatment for Adolescents with Depression Study (TADS) found that a combination treatment of medication and psychotherapy works best for most teens with depression.
- The Treatment of SSRI-resistant Depression in Adolescents (TORDIA) study found that teens who did not respond to a first antidepressant medication are more likely to get better if they switch to a treatment that includes both medication and psychotherapy.
- The Treatment of Adolescent Suicide Attempters (TASA) study found that a new treatment approach that includes medication plus a specialized psychotherapy designed specifically to reduce suicidal thinking and behavior may reduce suicide attempts in severely depressed teens.
- Depressed teens with coexisting disorders such as substance abuse problems are less likely to respond to treatment for depression. Studies focusing on conditions that frequently co-occur and how they affect one another may lead to more targeted screening tools and interventions.
With medication, psychotherapy, or combined treatment, most youth with depression can be effectively treated. Youth are more likely to respond to treatment if they receive it early in the course of their illness.

Although antidepressants are generally safe, the U.S. Food and Drug Administration has placed a “black box” warning label—the most serious type of warning—on all antidepressant medications. The warning says there is an increased risk of suicidal thinking or attempts in youth taking antidepressants. Youth and young adults should be closely monitored especially during initial weeks of treatment.

Studies focusing on depression in teens and children are pinpointing factors that appear to influence risk, treatment response, and recovery. Given the chronic nature of depression, effective intervention early in life may help reduce future burden and disability.

Multi-generational studies have revealed a link between depression that runs in families and changes in brain structure and function, some of which may precede the onset of depression. This research is helping to identify biomarkers and other early indicators that may lead to better treatment or prevention.

Advanced brain imaging techniques are helping scientists identify specific brain circuits that are involved in depression and yielding new ways to study the effectiveness of treatments.

Research on novel treatment delivery approaches, such as telemedicine (providing services over satellite, Internet, phone, or other remote connections) and collaborative or team-based care in medical care settings will improve the quality of mental health care for youth.

Sophisticated gene studies have suggested common roots between depression and possibly other mental disorders. In addition to identifying how and where in the brain illnesses start before symptoms develop, these findings have also encouraged a new way of thinking about and categorizing mental illnesses. In this light, NIMH has embarked on a long-term project—called the Research Domain Criteria (RDoC) project—aimed at ultimately improving the treatment and prevention of depression by studying the classification of mental illnesses, based on genetics and neuroscience in addition to clinical observation.

Years of basic research are now showing promise for the first new generation of antidepressant medications in 2 decades, with a goal of relieving depression in hours, rather than weeks. Such a potential breakthrough could reduce the rate of suicide, which is consistently one of the leading causes of death for young people. In 2007—the most recent year for which we have statistics—it was the third leading cause of death for youth ages 15 to 24.
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.

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 asleep, 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 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.

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.
Other types of depression include:

- **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.

- **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 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 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. What can I do to help my 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
Depression and College Students

Answers to college students’ frequently asked questions about depression
Many people experience the first symptoms of depression during their college years. Unfortunately, many college students who have depression aren’t getting the help they need. They may not know where to go for help, or they may believe that treatment won’t help. Others don’t get help because they think their symptoms are just part of the typical stress of college, or they worry about being judged if they seek mental health care.¹

In reality,

- Most colleges offer free or low-cost mental health services to students
- Depression is a medical illness and treatments can be very effective
- Early diagnosis and treatment of depression can relieve depression symptoms, prevent depression from returning, and help students succeed in college and after graduation.

This booklet addresses common questions about depression and how it can affect students attending college.

Q. What is depression?

A. Depression is a common but serious mental illness typically marked by sad or anxious feelings. Most college students occasionally feel sad or anxious, but these emotions usually pass quickly—within a couple of days. Untreated depression lasts for a long time, interferes with day-to-day activities, and is much more than just being “a little down” or “feeling blue.”

Q. How does depression affect college students?

A. In 2011, the American College Health Association–National College Health Assessment (ACHA–NCHA)—a nationwide survey of college students at 2- and 4-year institutions—found that about 30 percent of college students reported feeling “so depressed that it was difficult to function” at some time in the past year.² Depression can affect your academic performance in college.³ Studies suggest that college students who have depression are more likely to smoke.⁴ Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students. But students with depression, especially women, are more likely to drink to get drunk and experience problems related to alcohol abuse, such as engaging in unsafe sex.⁵ Depression and other mental disorders often co-occur with substance abuse, which can complicate treatment.⁶,⁷ Depression is also a major risk factor for suicide.⁸ Better diagnosis and treatment of depression can help reduce suicide rates among college students. In the Fall 2011 ACHA–NCHA survey, more than 6 percent of college students reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year.² Suicide is the third leading cause of death for teens and young adults ages 15 to 24.⁹ Students should also be aware that the warning signs can be different in men vs. women.
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.

**Bipolar disorder**, also called manic-depressive illness, is not as common as major depression or dysthymia but often develops in a person’s late teens or early adult years. At least half of all cases start before age 25. People with bipolar disorder may show symptoms of depression and are more likely to seek help when they are depressed than when experiencing mania or hypomania.

Bipolar disorder requires different treatment than major depression, so a careful and complete medical exam is needed to assure a person receives the right diagnosis. You can find more information in the NIMH booklet, *Bipolar Disorder in Adults*.

Q. What are the signs and symptoms of depression?
A. The symptoms of depression vary. 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:

- Loss of interest in activities you used to enjoy
- Lack of energy
- Problems concentrating, remembering information, or making decisions
- Problems falling asleep, 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.
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, such as stress, also affects your risk for depression. Stresses of college may include:
1. Living away from family for the first time
2. Missing family or friends
3. Feeling alone or isolated
4. Experiencing conflict in relationships
5. Facing new and sometimes difficult school work
6. Worrying about finances.

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

A. The first step is to talk with a doctor or mental health care provider. Your family doctor, campus health center staff, or other trusted adult may be able to help you find appropriate care. He or she can perform 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. A doctor or mental health care provider will ask you about:
1. Your symptoms
2. Your history of depression
3. Your family’s history of depression
4. Your medical history
5. Alcohol or drug use
6. 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. Some people find that a combination of antidepressants and psychotherapy works best. 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. Always follow the directions of the doctor or health care provider when taking medication. You will need to take regular doses of antidepressants and the full effect of these medications may not take effect for several weeks or months. Some people need to take antidepressants for a short time. If your depression is long-lasting or comes back repeatedly, 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:
1. Cognitive-behavioral therapy (CBT), which helps people change negative styles of thinking and behavior that may contribute to depression
2. 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. If I think I may have depression, where can I get help?

A. Most colleges provide mental health services through counseling centers, student health centers, or both. Check out your college website for information.

Counseling centers offer students free or very low-cost mental health services. Some counseling centers provide short-term or long-term counseling or psychotherapy, also called talk therapy. These centers may also refer you to mental health care providers in the community for additional services.

Student health centers provide basic health care services to students at little or no cost. A doctor or health care provider may be able to diagnose and treat depression or refer you to other mental health services.

If your college does not provide all of the mental health care you need, your insurance may cover additional mental health services. Many college students have insurance through their colleges, parents, or employers. If you are insured, contact your insurance company to find out about your mental health care coverage.

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 illness. Treatment can help you feel better.

To help yourself feel better:

- Try to see a professional as soon as possible—research shows that getting treatment sooner rather than later can relieve symptoms quicker and reduce the length of time treatment is needed
- 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
- Break up large tasks into small ones, and do what you can as you can; try not to do too many things at once
- Spend time with other people and talk to a friend or relative about your feelings
- Do not make important decisions until you feel better; talk about decisions with others whom you trust and who know you well
- Engage in mild physical activity or exercise
- Participate in activities that you used to enjoy
- 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 suspect a friend may have depression, you can help him or her get diagnosed and treated. You may need to help your friend find a doctor, mental health care provider, or mental health services on your college campus. 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 are important to you.

You can also:

- Offer support, understanding, patience, and encouragement
- Talk to your friend and listen carefully
- Never ignore comments about suicide, and report them to your friend’s therapist or doctor
- Invite your friend out for walks, outings, and other activities. If they refuse keep trying, but don’t push
- Ensure that your friend gets to doctor’s appointments and encourage him or her to report any concerns about medications to their health care professional
- Remind your friend that with time and professional 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
- Call your college counseling center or student health services
- 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. How can research help college students who have depression?

A. 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. NIMH is sponsoring research on the effectiveness of mental health programs for college students. NIMH is also funding research on new strategies to help students adjust to college life and to reduce suicidal thinking and behavior.

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
- NIMH Twitter: http://twitter.com/nimhgov
- NIMH YouTube: http://www.youtube.com/nimhgov
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