Do you go through intense moods?

Do you feel very happy and energized some days, and very sad and depressed on other days? Do these moods last for a week or more? Do your mood changes make it hard to sleep, stay focused, or go to work?

Some people with these symptoms have bipolar disorder, a serious mental illness. This brochure will give you more information.

What is bipolar disorder?

Bipolar disorder is a serious brain illness. It is also called manic-depressive illness or manic depression. People with bipolar disorder go through unusual mood changes. Sometimes they feel very happy and “up,” and are much more energetic and active than usual. This is called a manic episode. Sometimes people with bipolar disorder feel very sad and “down,” have low energy, and are much less active. This is called depression or a depressive episode.

Bipolar disorder is not the same as the normal ups and downs everyone goes through. The mood swings are more extreme than that and are accompanied by changes in sleep, energy level, and the ability to think clearly. Bipolar symptoms are so strong that they can damage relationships and make it hard to go to school or keep a job. They can also be dangerous. Some people with bipolar disorder try to hurt themselves or attempt suicide.

People with bipolar disorder can get treatment. With help, they can get better and lead successful lives.

Who develops bipolar disorder?

Anyone can develop bipolar disorder. It often starts in a person’s late teen or early adult years. But children and older adults can have bipolar disorder too. The illness usually lasts a lifetime.

Why does someone develop bipolar disorder?

Doctors do not know what causes bipolar disorder, but several things may contribute to the illness. Family genes may be one factor because bipolar disorder sometimes runs in families. However, it is important to know that
just because someone in your family has bipolar disorder, it does not mean other members of the family will have it as well. Another factor that may lead to bipolar disorder is the brain structure or the brain function of the person with the disorder. Scientists are finding out more about the disorder by studying it. This research may help doctors do a better job of treating people. Also, this research may help doctors to predict whether a person will get bipolar disorder. One day, doctors may be able to prevent the illness in some people.

What are the symptoms of bipolar disorder?

Bipolar “mood episodes” include unusual mood changes along with unusual sleep habits, activity levels, thoughts, or behavior. People may have manic episodes, depressive episodes, or “mixed” episodes. A mixed episode has both manic and depressive symptoms. These mood episodes cause symptoms that last a week or two or sometimes longer. During an episode, the symptoms last every day for most of the day.

Mood episodes are intense. The feelings are strong and happen along with extreme changes in behavior and energy levels.

People having a manic episode may:

- Feel very “up” or “high”
- Feel “jumpy” or “wired”
- Have trouble sleeping
- Become more active than usual
- Talk really fast about a lot of different things
- Be agitated, irritable, or “touchy”
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Do risky things, like spend a lot of money or have reckless sex

People having a depressive episode may:

- Feel very “down” or sad
- Sleep too much or too little
- Feel like they can’t enjoy anything
- Feel worried and empty
- Have trouble concentrating
- Forget things a lot
Eat too much or too little
Feel tired or “slowed down”
Have trouble sleeping
Think about death or suicide

Can someone have bipolar disorder along with other problems?

Yes. Sometimes people having very strong mood episodes may have psychotic symptoms. Psychosis affects thoughts and emotions as well as a person’s ability to know what is real and what is not. People with mania and psychotic symptoms may believe they are rich and famous, or have special powers. People with depression and psychotic symptoms may believe they have committed a crime, they have lost all of their money, or that their lives are ruined in some other way.

Sometimes behavior problems go along with mood episodes. A person may drink too much or take drugs. Some people take a lot of risks, like spending too much money or having reckless sex. These problems can damage lives and hurt relationships. Some people with bipolar disorder have trouble keeping a job or doing well in school.

Is bipolar disorder easy to diagnose?

No. Some people have bipolar disorder for years before the illness is diagnosed. This is because bipolar symptoms may seem like several different problems. Family and friends may notice the symptoms but not realize they are part of a bigger problem. A doctor may think the person has a different illness, like schizophrenia or depression.

People with bipolar disorder often have other health problems as well. This may make it hard for doctors to recognize the bipolar disorder. Examples of other illnesses include substance abuse, anxiety disorders, thyroid disease, heart disease, and obesity.

How is bipolar disorder treated?

Right now, there is no cure for bipolar disorder, but treatment can help control symptoms. Most people can get help for mood changes and behavior problems. Steady, dependable treatment works better than treatment that starts and stops. Treatment options include:
1. **Medication.** There are several types of medication that can help. People respond to medications in different ways, so the type of medication depends on the patient. Sometimes a person needs to try different medications to see which works best.

Medications can cause side effects. **Patients should always tell their doctors about these problems.** Also, patients should not stop taking a medication without a doctor’s help. Stopping medication suddenly can be dangerous, and it can make bipolar symptoms worse.

2. **Therapy.** Different kinds of psychotherapy, or “talk” therapy, can help people with bipolar disorder. Therapy can help them change their behavior and manage their lives. It can also help patients get along better with family and friends. Sometimes therapy includes family members.

3. **Other treatments.** Some people do not get better with medication and therapy. These people may try electroconvulsive therapy, or ECT. This is sometimes called “shock” therapy. ECT provides a quick electric current that can sometimes correct problems in the brain.

Sometimes people take herbal and natural supplements, such as St. John’s wort or omega-3 fatty acids. Talk to your doctor before taking any supplement. Scientists aren’t sure how these products affect people with bipolar disorder. Some people may also need sleep medications during treatment.

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**PERSONAL STORY**

**James has bipolar disorder.**

Here’s his story.

Four months ago, James found out he has bipolar disorder. He knows it’s a serious illness, but he was relieved when he found out. That’s because he had symptoms for years, but no one knew what was wrong. Now he’s getting treatment and feeling better.

James often felt really sad. As a kid, he skipped school or stayed in bed when he was down. At other times, he felt really happy. He talked fast and felt like he could do anything. James lived like this for a long time, but things changed last year. His job got very stressful. He felt like he was having more “up” and “down” times. His wife
and friends wanted to know what was wrong. He told them to leave him alone and said everything was fine.

A few weeks later, James couldn’t get out of bed. He felt awful, and the bad feelings went on for days. Then, his wife took him to the family doctor, who sent James to a psychiatrist. He talked to this doctor about how he was feeling. Soon James could see that his ups and downs were serious. He was diagnosed with bipolar disorder, and he started treatment.

These days, James takes medicine and goes to talk therapy. Treatment was hard at first, and recovery took some time, but now he’s back at work. His mood changes are easier to handle, and he’s having fun again with his wife and friends.

Getting Help
If you’re not sure where to get help, call your family doctor. You can also check the phone book for mental health professionals. Hospital doctors can help in an emergency. Finally, the Substance Abuse and Mental Health Services Administration (SAMHSA) has an online tool to help you find mental health services in your area. You can find it here: https://findtreatment.samhsa.gov.

How can I help myself if I have bipolar disorder?
You can help yourself by getting treatment and sticking with it. Recovery takes time, and it’s not easy. But treatment is the best way to start feeling better. Here are some tips:

- Talk with your doctor about your treatment.
- Stay on your medication.
- Keep a routine for eating and sleeping.
- Make sure you get enough sleep.
- Learn to recognize your mood swings.
- Ask a friend or relative to help you stick with your treatment.
- Be patient with yourself. Improvement takes time.
How can I help someone I know with bipolar disorder?

Help your friend or relative see a doctor to get the right diagnosis and treatment. You may need to make the appointment and go to the doctor together. Here are some helpful things you can do:

- Be patient.
- Encourage your friend or relative to talk, and listen carefully.
- Be understanding about mood swings.
- Include your friend or relative in fun activities.
- Remind the person that getting better is possible with the right treatment.

I know someone who is in crisis. What do I do?

If you know someone who might hurt himself or herself, or if you’re thinking about hurting yourself, get help quickly. Here are some things you can do:

- Do not leave the person alone.
- Call your doctor.
- Call 911 or go to the emergency room.
- Call the National Suicide Prevention Lifeline, toll-free: 1-800-273-TALK (8255). The TTY number is 1-800-799-4TTY (4889).

How does bipolar disorder affect friends and family?

When a friend or relative has bipolar disorder, it affects you too. Taking care of someone with bipolar disorder can be stressful. You have to cope with the mood swings and sometimes other problems, such as drinking too much. Sometimes the stress can strain your relationships with other people. Caregivers can miss work or lose free time.

If you are taking care of someone with bipolar disorder, take care of yourself too. Find someone you can talk to about your feelings. Talk with the doctor about support groups for caregivers. If you keep your stress level down, you will do a better job, and it might help your loved one stick to his or her treatment.
Contact us to find out more about bipolar disorder.

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Generalized Anxiety Disorder:
When Worry Gets Out of Control
WHAT IS GAD?

Occasional anxiety is a normal part of life. You might worry about things like health, money, or family problems. But people with generalized anxiety disorder (GAD) feel extremely worried or feel nervous about these and other things—even when there is little or no reason to worry about them. People with GAD find it difficult to control their anxiety and stay focused on daily tasks.

The good news is that GAD is treatable. Call your doctor to talk about your symptoms so that you can feel better.
What are the signs and symptoms of GAD?

GAD develops slowly. It often starts during the teen years or young adulthood. People with GAD may:

- Worry very much about everyday things
- Have trouble controlling their worries or feelings of nervousness
- Know that they worry much more than they should
- Feel restless and have trouble relaxing
- Have a hard time concentrating
- Be easily startled
- Have trouble falling asleep or staying asleep
- Feel easily tired or tired all the time
- Have headaches, muscle aches, stomach aches, or unexplained pains
- Have a hard time swallowing
- Tremble or twitch
- Be irritable or feel “on edge”
- Sweat a lot, feel light-headed or out of breath
- Have to go to the bathroom a lot

Children and teens with GAD often worry excessively about:

- Their performance, such as in school or in sports
- Catastrophes, such as earthquakes or war
Adults with GAD are often highly nervous about everyday circumstances, such as:

- Job security or performance
- Health
- Finances
- The health and well-being of their children
- Being late
- Completing household chores and other responsibilities

Both children and adults with GAD may experience physical symptoms that make it hard to function and that interfere with daily life.

Symptoms may get better or worse at different times, and they are often worse during times of stress, such as with a physical illness, during exams at school, or during a family or relationship conflict.
What causes GAD?

GAD sometimes runs in families, but no one knows for sure why some family members have it while others don’t. Researchers have found that several parts of the brain, as well as biological processes, play a key role in fear and anxiety. By learning more about how the brain and body function in people with anxiety disorders, researchers may be able to create better treatments. Researchers are also looking for ways in which stress and environmental factors play a role.

How is GAD treated?

First, talk to your doctor about your symptoms. Your doctor should do an exam and ask you about your health history to make sure that an unrelated physical problem is not causing your symptoms. Your doctor may refer to you a mental health specialist, such as a psychiatrist or psychologist.

GAD is generally treated with psychotherapy, medication, or both. Talk with your doctor about the best treatment for you.

Psychotherapy

A type of psychotherapy called cognitive behavioral therapy (CBT) is especially useful for treating GAD. CBT teaches a person different ways of thinking, behaving, and reacting to situations that help him or her feel less anxious and worried. For more information on psychotherapy, visit http://www.nimh.nih.gov/health/topics/psychotherapies.
**Medication**

Doctors may also prescribe medication to help treat GAD. Your doctor will work with you to find the best medication and dose for you. Different types of medication can be effective in GAD:

- Selective serotonin reuptake inhibitors (SSRIs)
- Serotonin-norepinephrine reuptake inhibitors (SNRIs)
- Other serotonergic medication
- Benzodiazepines

Doctors commonly use SSRIs and SNRIs to treat depression, but they are also helpful for the symptoms of GAD. They may take several weeks to start working. These medications may also cause side effects, such as headaches, nausea, or difficulty sleeping. These side effects are usually not severe for most people, especially if the dose starts off low and is increased slowly over time. **Talk to your doctor about any side effects that you have.**

Buspirone is another serotonergic medication that can be helpful in GAD. Buspirone needs to be taken continuously for several weeks for it to be fully effective.

Benzodiazepines, which are sedative medications, can also be used to manage severe forms of GAD. These medications are powerfully effective in rapidly decreasing anxiety, but they can cause tolerance and dependence if you use them continuously. Therefore, your doctor will only prescribe them for brief periods of time if you need them.
Don’t give up on treatment too quickly. Both psychotherapy and medication can take some time to work. A healthy lifestyle can also help combat anxiety. Make sure to get enough sleep and exercise, eat a healthy diet, and turn to family and friends who you trust for support.

For basic information about these and other mental health medications, visit http://www.nimh.nih.gov/health/topics/mental-health-medications. Visit the Food and Drug Administration’s website (http://www.fda.gov/) for the latest information on warnings, patient medication guides, or newly approved medications.

What is it like to have GAD?

“I was worried all the time and felt nervous. My family told me that there were no signs of problems, but I still felt upset. I dreaded going to work because I couldn’t keep my mind focused. I was having trouble falling asleep at night and was irritated at my family all the time.

I saw my doctor and explained my constant worries. My doctor sent me to someone who knows about GAD. Now I am working with a counselor to cope better with my anxiety. I had to work hard, but I feel better. I’m glad I made that first call to my doctor.”
Where can I find more information?

To learn more about generalized anxiety disorder, visit:

**MedlinePlus (National Library of Medicine)**
http://medlineplus.gov
(En Español: http://medlineplus.gov/spanish)

For information on clinical trials, visit:

**ClinicalTrials.gov**
http://www.clinicaltrials.gov
(En Español: http://salud.nih.gov/investigacion-clinica/)

For more information on conditions that affect mental health, resources, and research, visit the NIMH website (http://www.nimh.nih.gov).

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Depression

What You Need to Know
# About this booklet

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About this booklet

This booklet, prepared by the National Institute of Mental Health (NIMH), provides an overview on depression. NIMH is part of the National Institutes of Health (NIH), the primary Federal agency for conducting and supporting medical research.

This booklet will help you learn the following four things that everyone should know about depression:

- Depression is a real illness.
- Depression affects people in different ways.
- Depression is treatable.
- If you have depression, you are not alone.

This booklet contains information on the signs and symptoms of depression, treatment and support options, and a listing of additional resources. It is intended for informational purposes only and should not be considered a guide for making medical decisions. Please review this information and discuss it with your doctor or health care provider. For more information on depression, please visit the NIMH website at www.nimh.nih.gov.

NEED HELP NOW?

Call the 24-hour, toll-free confidential National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or go to www.suicidepreventionlifeline.org.
1. Depression is a real illness.

Sadness is something we all experience. It is a normal reaction to difficult times in life and usually passes with a little time.

When a person has depression, it interferes with daily life and normal functioning. It can cause pain for both the person with depression and those who care about him or her. Doctors call this condition “depressive disorder,” or “clinical depression.” It is a real illness. It is not a sign of a person’s weakness or a character flaw. You can’t “snap out of” clinical depression. Most people who experience depression need treatment to get better.

**Signs and Symptoms**

Sadness is only a small part of depression. Some people with depression may not feel sadness at all. Depression has many other symptoms, including physical ones. If you have been experiencing any of the following signs and symptoms for at least 2 weeks, you may be suffering from 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 weight changes
• Thoughts of death or suicide, suicide attempts
• Restlessness, irritability
• Persistent physical symptoms

Factors That Play a Role in Depression

Many factors may play a role in depression, including genetics, brain biology and chemistry, and life events such as trauma, loss of a loved one, a difficult relationship, an early childhood experience, or any stressful situation.

Depression can happen at any age, but often begins in the teens or early 20s or 30s. Most chronic mood and anxiety disorders in adults begin as high levels of anxiety in children. In fact, high levels of anxiety as a child could mean a higher risk of depression as an adult.

Depression can co-occur with other serious medical illnesses such as diabetes, cancer, heart disease, and Parkinson’s disease. Depression can make these conditions worse and vice versa. Sometimes medications taken for these illnesses may cause side effects that contribute to depression. A doctor experienced in treating these complicated illnesses can help work out the best treatment strategy.

Research on depression is ongoing, and one day these discoveries may lead to better diagnosis and treatment. To learn more about current research, visit the NIMH website at www.nimh.nih.gov.
There are several types of depressive disorders.

**Major depression:** Severe symptoms that interfere with the ability to work, sleep, study, eat, and enjoy life. An episode can occur only once in a person’s lifetime, but more often, a person has several episodes.

**Persistent depressive disorder:** A depressed mood that lasts for at least 2 years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods of less severe symptoms, but symptoms must last for 2 years.

Some forms of depression are slightly different, or they may develop under unique circumstances. They include:

**Psychotic depression,** which occurs when a person has severe depression plus some form of psychosis, such as having disturbing false beliefs or a break with reality (delusions), or hearing or seeing upsetting things that others cannot hear or see (hallucinations).

**Postpartum depression,** which is much more serious than the “baby blues” that many women experience after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming. It is estimated that 10 to 15 percent of women experience postpartum depression after giving birth.

**Seasonal affective disorder (SAD),** which is characterized by the onset of depression during the winter months, when there is less natural sunlight. The depression generally lifts during spring and summer. SAD may be effectively treated with light therapy, but nearly half of those with SAD do not get better with light therapy alone. Antidepressant medication and psychotherapy can reduce SAD symptoms, either alone or in combination with light therapy.

**Bipolar disorder** is different from depression. The reason it is included in this list is because someone with bipolar disorder experiences episodes of extreme low moods (depression). But a person with bipolar disorder also experiences extreme high moods (called “mania”).

You can learn more about many of these disorders on the NIMH website at [www.nimh.nih.gov](http://www.nimh.nih.gov).
2. Depression affects people in different ways.

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms. Some people have many. The severity and frequency of symptoms, and how long they last, will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

Women

Women with depression do not all experience the same symptoms. However, women with depression typically have symptoms of sadness, worthlessness, and guilt.

Depression is more common among women than among men. Biological, lifecycle, hormonal, and psychosocial factors that are unique to women may be linked to their higher depression rate. For example, women are especially vulnerable to developing postpartum depression after giving birth, when hormonal and physical changes and the new responsibility of caring for a newborn can be overwhelming.

Men

Men often experience depression differently than women. While women with depression are more likely to have feelings of sadness, worthlessness, and excessive guilt, men are more likely to be very tired, irritable, lose interest in once-pleasurable activities, and have difficulty sleeping.
Men may turn to alcohol or drugs when they are depressed. They also may become frustrated, discouraged, irritable, angry, and sometimes abusive. Some men may throw themselves into their work to avoid talking about their depression with family or friends, or behave recklessly. And although more women attempt suicide, many more men die by suicide in the United States.

**Children**

Before puberty, girls and boys are equally likely to develop depression. A child with depression may pretend to be sick, refuse to go to school, cling to a parent, or worry that a parent may die. Because normal behaviors vary from one childhood stage to another, it can be difficult to tell whether a child is just going through a temporary “phase” or is suffering from depression. Sometimes the parents become worried about how the child’s behavior has changed, or a teacher mentions that “your child doesn’t seem to be himself.” In such a case, if a visit to the child’s pediatrician rules out physical symptoms, the doctor will probably suggest that the child be evaluated, preferably by a mental health professional who specializes in the treatment of children. Most chronic mood disorders, such as depression, begin as high levels of anxiety in children.

**Teens**

The teen years can be tough. Teens are forming an identity apart from their parents, grappling with gender issues and emerging sexuality, and making independent decisions for the first time in their lives. Occasional bad moods are to be expected, but depression is different.
Older children and teens with depression may sulk, get into trouble at school, be negative and irritable, and feel misunderstood. If you’re unsure if an adolescent in your life is depressed or just “being a teenager,” consider how long the symptoms have been present, how severe they are, and how different the teen is acting from his or her usual self. Teens with depression may also have other disorders such as anxiety, eating disorders, or substance abuse. They may also be at higher risk for suicide.

Children and teenagers usually rely on parents, teachers, or other caregivers to recognize their suffering and get them the treatment they need. Many teens 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 may be just part of the typical stress of school or being a teen. Some teens worry what other people will think if they seek mental health care.

**QUICK TIPS FOR TALKING TO YOUR DEPRESSED CHILD OR TEEN:**

- **Offer emotional support**, understanding, patience, and encouragement.
- **Talk to your child**, not necessarily about depression, and listen carefully.
- **Never discount the feelings your child expresses**, but point out realities and offer hope.
- **Never ignore comments about suicide**.
- **Remind your child that with time and treatment**, the depression will lift.

Depression often persists, recurs, and continues into adulthood, especially if left untreated. If you suspect a child or teenager in your life is suffering from depression, speak up right away.
My mother is 68 years old, and I’ve noticed some changes.... She isn’t interested in her favorite foods anymore. She has trouble sleeping at night and snaps at the grandchildren more than usual. She used to be pretty outgoing, but now she keeps to herself a lot.

Older People

Having depression for a long period of time is not a normal part of growing older. Most older adults feel satisfied with their lives, despite having more illnesses or physical problems. But depression in older adults may be difficult to recognize because they may show different, less obvious symptoms.

Sometimes older people who are depressed appear to feel tired, have trouble sleeping, or seem grumpy and irritable. Confusion or attention problems caused by depression can sometimes look like Alzheimer’s disease or other brain disorders. Older adults also may have more medical conditions such as heart disease, stroke, or cancer, which may cause depressive symptoms. Or they may be taking medications with side effects that contribute to depression.

Some older adults may experience what doctors call vascular depression, also called arteriosclerotic depression or subcortical ischemic depression. Vascular depression may result when blood vessels become less flexible and harden over time, becoming constricted. The hardening of vessels prevents normal blood flow to the body’s organs, including the brain. Those with vascular depression may have or be at risk for heart disease or stroke.

Sometimes it can be difficult to distinguish grief from major depression. Grief after loss of a loved one is a normal reaction and generally does not require professional mental health treatment. However, grief that is complicated and lasts for a very long time following a loss may require treatment.

Older adults who had depression when they were younger are more at risk for developing depression in late life than those who did not have the illness earlier in life.
3. Depression is treatable.

My daily routine was shot. I didn’t have the energy to do anything. I got up because the dog had to be walked and my wife needed to go to work. The day would go by, and I didn’t know where it went. I wanted to get back to normal. I just wanted to be myself again. A friend noticed that something wasn’t right. I talked to him about the time he had been really depressed and had gotten help from his doctor.

Depression, even the most severe cases, can be treated. The earlier treatment begins, the more effective it is. Most adults see an improvement in their symptoms when treated with antidepressant drugs, talk therapy (psychotherapy), or a combination of both.

If you think you may have depression, start by making an appointment to see your doctor or health care provider. This could be your primary doctor or a health provider who specializes in diagnosing and treating mental health conditions (psychologist or psychiatrist). Certain medications, and some medical conditions, such as viruses or a thyroid disorder, can cause the same symptoms as depression. A doctor can rule out these possibilities by doing a physical exam, interview, and lab tests. If the doctor can find no medical condition that may be causing the depression, the next step is a psychological evaluation.

QUICK TIP: MAKING AN APPOINTMENT

If you still need to make an appointment, here are some things you could say during the first call: “I haven’t been myself lately, and I’d like to talk to the provider about it,” or “I think I might have depression, and I’d like some help.”
Talking to Your Doctor
How well you and your doctor talk to each other is one of the most important parts of getting good health care. But talking to your doctor isn’t always easy. It takes time and effort on your part as well as your doctor’s.

To prepare for your appointment, make a list of:

- **Any symptoms you’ve had**, including any that may seem unrelated to the reason for your appointment
  - When did your symptoms start?
  - How severe are your symptoms?
  - Have the symptoms occurred before?
  - If the symptoms have occurred before, how were they treated?

- **Key personal information**, including any major stresses or recent life changes

- **All medications, vitamins**, or other supplements that you’re taking, including how much and how often

- **Questions to ask** your health provider

If you don’t have a primary doctor or are not at ease with the one you currently see, now may be the time to find a new doctor. Whether you just moved to a new city, changed insurance providers, or had a bad experience with your doctor or medical staff, it is worthwhile to spend time finding a doctor you can trust.

Tests and Diagnosis
Your doctor or health care provider will examine you and talk to you at the appointment. Your doctor may do a physical exam and ask questions about your health and symptoms. There are no lab tests that can specifically diagnose depression, but your doctor may also order some lab tests to rule out other conditions.
Ask questions if the doctor’s explanations or instructions are unclear, bring up problems even if the doctor doesn’t ask, and let the doctor know if you have concerns about a particular treatment or change in your daily life.

Your doctor may refer you to a mental health professional, such as a psychiatrist, psychologist, social worker, or mental health counselor, who should discuss with you any family history of depression or other mental disorder, and get a complete history of your symptoms. The mental health professional may also ask if you are using alcohol or drugs, and if you are thinking about death or suicide. If your doctor does not refer you to a mental health professional or you feel your concerns were not adequately addressed, call or visit the website for your health insurance provider, Medicare (www.medicare.gov), or Medicaid (http://medicaid.gov). You can also try searching in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Behavioral Health Treatment Services Locator (https://findtreatment.samhsa.gov) or one of the other resources listed at the end of this booklet to find one.

NEED HELP NOW?

Call the 24-hour, toll-free confidential National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or go to www.suicidepreventionlifeline.org.

Treatment

Depression is treated with medicines, talk therapy (where a person talks with a trained professional about his or her thoughts and feelings; sometimes called “psychotherapy”), or a combination of the two. Remember: No two people are affected the same way by depression. There is no “one-size-fits-all” for treatment. It may take some trial and error to find the treatment that works best for you.
MEDICATIONS

QUICK TIP: MEDICATIONS

Because information about medications is always changing, the following section may not list all the types of medications available to treat depression. Check the Food and Drug Administration (FDA) website (www.fda.gov) for the latest news and information on warnings, patient medication guides, or newly approved medications.

Antidepressants are medicines that treat depression. They may help improve the way your brain uses certain chemicals that control mood or stress.

There are several types of antidepressants:
- Selective serotonin reuptake inhibitors (SSRI)
- Serotonin and norepinephrine reuptake inhibitors (SNRI)
- Tricyclic antidepressants (TCA)
- Monoamine oxidase inhibitors (MAOI)

There are other antidepressants that don’t fall into any of these categories and are considered unique, such as Mirtazapine and Bupropion.

Although all antidepressants can cause side effects, some are more likely to cause certain side effects than others. You may need to try
several different antidepressant medicines before finding the one that improves your symptoms and has side effects that you can manage.

Most antidepressants are generally safe, but the U.S. Food and Drug Administration (FDA) requires that all antidepressants carry black box warnings, the strictest warnings for prescriptions. In some cases, children, teenagers, and young adults under age 25 may experience an increase in suicidal thoughts or behavior when taking antidepressants, especially in the first few weeks after starting or when the dose is changed. The warning also says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment.

Common side effects listed by the FDA for antidepressants are:

- Nausea and vomiting
- Weight gain
- Diarrhea
- Sleepiness
- Sexual problems

Other more serious but much less common side effects listed by the FDA for antidepressant medicines can include seizures, heart problems, and an imbalance of salt in your blood, liver damage, suicidal thoughts, or serotonin syndrome (a life-threatening reaction where your body makes too much serotonin). Serotonin syndrome can cause shivering, diarrhea, fever, seizures, and stiff or rigid muscles.

**IF YOU ARE HAVING SUICIDAL THOUGHTS**

or other serious side effects like seizures or heart problems while taking antidepressant medicines, contact your doctor immediately.

The National Suicide Prevention Lifeline is available at **1-800-273-TALK (8255)**, or you can visit **www.suicidepreventionlifeline.org**.
Your doctor may have you see a talk therapist in addition to taking medicine. Ask your doctor about the benefits and risks of adding talk therapy to your treatment. Sometimes talk therapy alone may be the best treatment for you.

HOW SHOULD ANTIDEPRESSANTS BE TAKEN?
People taking antidepressants need to follow their doctor’s directions. The medication should be taken in the right dose for the right amount of time. It can take 3 or 4 weeks until the medicine takes effect. Some people take the medications for a short time, and some people take them for much longer periods. People with long-term or severe depression may need to take medication for a long time.

Once a person is taking antidepressants, it is important not to stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and stop taking the medication too soon, and the depression may return. When it is time to stop the medication, the doctor will help the person slowly and safely decrease the dose. It’s important to give the body time to adjust to the change. People don’t get addicted, or “hooked,” on the medications, but stopping them abruptly can cause withdrawal symptoms. If a medication does not work, it may be helpful to be open to trying another one.
Antidepressants are generally considered safe, but some studies have suggested that they may have unintentional effects, especially in young people. The FDA adopted 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 suicide attempts in children, adolescents, and young adults up through age 24.

The warning also says that patients of all ages taking antidepressants should be watched closely, especially during the first few weeks of treatment. Possible side effects to look for are depression that gets worse, suicidal thinking or behavior, or any unusual changes in behavior such as trouble sleeping, agitation, or withdrawal from normal social situations. Families and caregivers should report any changes to the doctor.

Finally, the FDA has warned that combining the newer SSRI or SNRI antidepressants with one of the commonly used “triptan” medications used to treat migraine headaches could cause a life-threatening illness called “serotonin syndrome.” A person with serotonin syndrome may be agitated, have hallucinations (see or hear things that are not real), have a high temperature, or have unusual blood pressure changes. Serotonin syndrome is usually associated with the older antidepressants called MAOIs, but it can happen with the newer antidepressants as well, if they are mixed with the wrong medications.

The benefits of antidepressant medications may outweigh their risks to children and adolescents with depression. To find the latest information, talk to your doctor and visit [www.fda.gov](http://www.fda.gov).
ARE HERBAL MEDICINES USED TO TREAT DEPRESSION?

You may have heard about an herbal medicine called St. John’s wort. St. John’s wort is an herb. Its flowers and leaves are used to make medicine. It is one of the top-selling botanical products in the United States. But St. John’s wort is not a proven therapy for depression. The FDA has not approved its use as an over-the-counter or prescription medicine for depression, and there are serious concerns about its safety and effectiveness.

Taking St. John’s wort can weaken many prescription medicines, such as:

- Antidepressants
- Birth control pills
- Cyclosporine, which prevents the body from rejecting transplanted organs
- Digoxin, a heart medication
- Some HIV drugs
- Some cancer medications
- Medications used to thin the blood
QUICK TIP: IF YOU ARE CONSIDERING ST. JOHN’S WORT FOR DEPRESSION

• Do not use St. John’s wort to replace conventional care or to postpone seeing a health care provider. If not adequately treated, depression can become severe.

• Keep in mind that dietary supplements can cause medical problems if not used correctly or if used in large amounts, and some may interact with medications you take. Your health care provider can advise you.

• Many dietary supplements have not been tested in pregnant women, nursing mothers, or children. Little safety information on St. John’s wort for pregnant women or children is available, so it is especially important to talk with health experts if you are pregnant or nursing or are considering giving a dietary supplement to a child.

• Tell all your health care providers about any complementary health approaches you use. Give them a full picture of what you do to manage your health.

For more information, please visit the website for the National Center for Complementary and Integrative Health at https://nccih.nih.gov/.

For more information on medications for depression, please visit the FDA website at www.fda.gov. You can also find information on drugs, supplements, and herbal information on the National Library of Medicine’s Medline Plus website (www.nlm.nih.gov/medlineplus/druginformation.html).
Now I’m seeing the specialist on a regular basis for “talk therapy,” which helps me learn ways to deal with this illness in my everyday life, and I’m taking medicine for depression. I’m starting to feel more like myself again. Without treatment, I felt like everything was dark—as if I was looking at life through tinted glasses. Treatment is helping it clear.

**TALK THERAPY (“PSYCHOTHERAPY”)**
Several types of psychotherapy—or “talk therapy”—can help people with depression.

There are several types of psychotherapies that may be effective in treating depression. Examples include cognitive-behavioral therapy, interpersonal therapy, and problem-solving therapy.

**COGNITIVE-BEHAVIORAL THERAPY (CBT)**
CBT can help an individual with depression change negative thinking. It can help you interpret your environment and interactions in a positive, realistic way. It may also help you recognize things that may be contributing to the depression and help you change behaviors that may be making the depression worse.

**INTERPERSONAL THERAPY (IPT)**
IPT is designed to help an individual understand and work through troubled relationships that may cause the depression or make it worse. When a behavior is causing problems, IPT may help you change the behavior. In IPT, you explore major issues that may add to your depression, such as grief, or times of upheaval or transition.
PROBLEM-SOLVING THERAPY (PST)

PST can improve an individual's ability to cope with stressful life experiences. It is an effective treatment option, particularly for older adults with depression. Using a step-by-step process, you identify problems and come up with realistic solutions. It is a short-term therapy and may be conducted in an individual or group format.

For mild to moderate depression, psychotherapy may be the best option. However, for severe depression or for certain people, psychotherapy may not be enough. For teens, a combination of medication and psychotherapy may be the most effective approach to treating major depression and reducing the chances of it coming back. Another study looking at depression treatment among older adults found that people who responded to initial treatment of medication and IPT were less likely to have recurring depression if they continued their combination treatment for at least 2 years.

More information on psychotherapy is available on the NIMH website at www.nimh.nih.gov/health/topics/psychotherapies/index.shtml.

COMPUTER AND/OR INTERNET-BASED THERAPIES

Meredith made a cup of coffee and settled into the living room sofa, then she clicked on an icon on her laptop. Hundreds of miles away, her face popped up on her therapist's computer monitor; he smiled back on her computer screen.

Your therapist could be only a mouse click or email away. There are many therapy programs available online or on the computer (e.g., DVDs, CDs), and some research shows that Internet-based therapies may be just as helpful as face-to-face. But results can vary from program to program and each program is different.

Many of these therapies are based on the two main types of psychotherapies—CBT and IPT. But they may be in different formats.
For example, you might learn from materials online and get support from your therapist by email. It could be a video conferencing session that progresses much like a face-to-face session. Or you may use a computer program with video, quizzes, and other features with very little contact with a therapist. Sometimes these therapies are used along with face-to-face sessions. Sometimes they are not.

There are pros to receiving therapy on the Internet or on the computer. These options could provide more access to care if you live in a rural area where providers aren’t available or if you have trouble fitting sessions into your schedule. Also, tech-savvy teens who feel uncomfortable with office visits may be more open to talking to a therapist through a computer screen.

There are also cons. For example, your health insurance may only cover therapy that is face-to-face. And although these various formats may work for a range of patients, they also may not be right for certain patients depending on a variety of factors.

If you are interested in exploring Internet or computer-based therapy, talk to your doctor or mental health provider. You may also be able to find an online mental health care provider on your own. But remember that there are many online “therapists” who may lack the proper training or who may try to take advantage of you. Speak with your provider first to see if he or she can provide a recommendation or trusted source for more information. You can also check the online provider’s credentials and ask about his or her treatment approach. Sometimes you may need to have a conversation with more than one provider to find the right one for you. If cost is an issue, be sure to also contact your health insurance provider to see what’s covered and what’s not.
DEPRESSION: IS THERE AN APP FOR THAT?
If you have a smartphone, tablet, or “phablet” (phone tablets), you may have noticed that there are many mobile applications, or apps, marketed as support for people with depression. Some of these apps aim to provide treatment and education. Other apps offer tools to help you assess yourself, manage your symptoms, and explore resources.

With a few taps on the screen, you could have information and tools to help your depression in the palm of your hand. But, just like with online health information, it is important to find an app that you can trust.

Here are a few things that are important to remember about mobile apps for depression:

• Some apps provide reliable, science-based health information and tools. Some do not.
• Some app developers consult doctors, researchers, and other experts to develop their app. Others do not.
• A mobile app should not replace seeing your doctor or other health care provider.
• Talk to your doctor before making any changes recommended by any online or mobile source.
QUICK TIP: QUESTIONS TO ASK BEFORE USING A MOBILE HEALTH APP:

- Who developed the app? Is that information easy to find?
- Who wrote and/or reviews the information?
- Is your privacy protected? Does the app clearly state a privacy policy?
- Does the website offer quick and easy solutions to your health problems? Are miracle cures promised?

DOES THE FDA REGULATE MOBILE APPS?
Many mobile apps for depression provide information or general patient educational tools. Because these are not considered medical devices, the FDA does not regulate them.

Some mobile apps carry minimal risks to consumers or patients, but others can carry significant risks if they do not operate correctly. The FDA is focusing its oversight on mobile medical apps that:

- Are intended to be used as an accessory to a regulated medical device—for example, an app that allows a health care professional to make a specific diagnosis by viewing a medical image from a picture archiving and communication system on a smartphone or a mobile tablet.
- Transform a mobile platform into a regulated medical device—for example, an app that turns a smartphone into an electrocardiograph (ECG) machine to detect abnormal heart rhythms or determine if a patient is experiencing a heart attack.

DOES NIMH HAVE AN APP FOR DEPRESSION?
NIMH does not currently offer any mobile apps, but NIMH’s website, www.nimh.nih.gov, 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.
If medications do not reduce the symptoms of depression, electroconvulsive therapy (ECT) may be an option to explore. There are a lot of outdated beliefs about ECT, but here are the facts:

- ECT can provide relief for people with severe depression who have not been able to feel better with other treatments.
- ECT can be an effective treatment for depression.
- ECT may cause some side effects, including confusion, disorientation, and memory loss. Usually these side effects are short term, but sometimes they can linger. Talk to your doctor and make sure you understand the potential benefits and risks of the treatment.

Some people believe that ECT is painful or that you can feel the electrical impulses. This is not true. Before ECT begins, a patient is put under brief anesthesia and given a muscle relaxant. He or she sleeps through the treatment and does not consciously feel the electrical impulses.
Within 1 hour after the treatment session, which takes only a few minutes, the patient is awake and alert.

Other more recently introduced types of brain stimulation therapies used to treat severe depression include repetitive transcranial magnetic stimulation (rTMS) and vagus nerve stimulation (VNS). In 2008, the FDA approved rTMS as a treatment for major depression for patients who have not responded to at least one antidepressant medication. In 2005, the FDA approved VNS for use in treating depression in certain circumstances—if the illness has lasted 2 years or more, if it is severe or recurrent, and if the depression has not eased after trying at least four other treatments. VNS is less commonly used, and more research is needed to test its effectiveness.

QUICK TIP: GET THE LATEST INFORMATION

This information may have changed since the publication of this booklet, so please visit the NIMH website at www.nimh.nih.gov to explore the latest research and the FDA website at www.fda.gov for the most recently approved treatment options.

Beyond Treatment: Things You Can Do

If you have depression, you may feel exhausted, helpless, and hopeless. It may be extremely difficult to take any action to help yourself. But as you begin to recognize your depression and begin treatment, you will start to feel better. Here are other tips that may help you or a loved one during treatment:

• Try to be active and exercise. Go to a movie, a ballgame, or another event or activity that you once enjoyed.
• Set realistic goals for yourself.
• Break up large tasks into small ones, set some priorities, and do what you can as you can.
• Try to spend time with other people and confide in a trusted friend or relative. Try not to isolate yourself and let others help you.

• Expect your mood to improve gradually, not immediately. Do not expect to suddenly “snap out of” your depression. Often during treatment for depression, sleep and appetite will begin to improve before your depressed mood lifts.

• Postpone important decisions, such as getting married or divorced or changing jobs, until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.

• Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

• Continue to educate yourself about depression.
4. You are not alone.

Major depressive disorder is one of the most common mental disorders in the United States. You are not alone.

Sometimes living with depression can seem overwhelming, so build a support system for yourself. Your family and friends are a great place to start. Talk to trusted family members or friends to help them understand how you are feeling and that you are following your doctor’s recommendations to treat your depression.

In addition to your treatment, you could also join a support group. These are not psychotherapy groups, but some may find the added support helpful. At the meetings, people share experiences, feelings, information, and coping strategies for living with depression. **Remember:** Always check with your doctor before taking any medical advice that you hear in your group.

You can find a support group through many professional, consumer, advocacy, and service-related organizations. On the NIMH website (www.nimh.nih.gov/outreach/partnership-program/index.shtml), there is a list of NIMH Outreach Partners. Some of these partners sponsor support groups for different mental disorders including depression. You can also find online support groups, but you need to be careful about which groups you join. Check and make sure the group is affiliated with
a reputable health organization, moderated professionally, and maintains your anonymity.

If unsure where to start, talk to someone you trust who has experience in mental health—for example, a doctor, nurse, social worker, or religious counselor. Some health insurance providers may also have listings of hospitals offering support groups for depression. **Remember:** Joining a support group does not replace your doctor or your treatment prescribed by your doctor. If a support group member makes a suggestion that you are interested in trying, talk to your doctor first. Do not assume what worked for the other person will work for you.

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**If You Think a Loved One May Have Depression**

If you know someone who is depressed, it affects you too. The most important thing you can do is to help your friend or relative get a diagnosis and treatment. You may need to make an appointment and go with him or her to see the doctor. Encourage your loved one to stay in treatment or to seek different treatment options if no improvement occurs after 6 to 8 weeks.
To help your friend or relative:

- Offer emotional support, understanding, patience, and encouragement.
- Talk to him or her, and listen carefully.
- Never dismiss feelings, but point out realities and offer hope.
- Never ignore comments about suicide and report them to your loved one’s therapist or doctor.
- Invite your loved one out for walks, outings, and other activities. Keep trying if he or she declines, but don’t push him or her to take on too much too soon.
- Provide assistance in getting to doctors’ appointments.
- Remind your loved one that with time and treatment, the depression will lift.

Caring for someone with depression is not easy. Someone with depression may need constant support for a long period of time. Make sure you leave time for yourself and your own needs. If you feel you need additional support, there are support groups for caregivers too.
Helpful resources

NIMH has a variety of publications on depression available at www.nimh.nih.gov/health/publications/depression-listing.shtml. If you need additional information and support, you may find the following resources to be helpful.

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)
CMS is the Federal agency responsible for administering the Medicare, Medicaid, State Children’s Health Insurance (SCHIP), and several other programs that help people pay for health care. Visit www.cms.gov for more information.

CLINICAL TRIALS AND YOU
Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease. Treatments might be new drugs or new combinations of drugs, new surgical procedures or devices, or new ways to use existing treatments. To learn more about participating in a clinical trial, please visit www.nih.gov/health/clinicaltrials/index.htm.

DEPRESSION (PDQ®)
PDQ® (Physician Data Query) is the National Cancer Institute’s comprehensive cancer database. The PDQ cancer information summaries are peer-reviewed, evidence-based summaries on topics including adult and pediatric cancer treatment, supportive and palliative care, screening, prevention, genetics, and complementary and alternative medicine. Visit www.cancer.gov (Search: Depression).

LOCATE AFFORDABLE HEALTH CARE IN YOUR AREA
Within the Federal Government, a bureau of the Health Resources and Services Administration provides a Health Center Database for a nationwide directory of clinics to obtain low or no-cost health care. Start your search at http://findahealthcenter.hrsa.gov/Search_HCC.aspx.

MENTAL HEALTH TREATMENT PROGRAM LOCATOR
The Substance Abuse and Mental Health Services Administration is pleased to provide this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness. Find a facility in your state at https://findtreatment.samhsa.gov/.
NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)
NAMI is the Nation’s largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. There are nearly 1,000 NAMI state organizations and NAMI affiliates across the country. Many NAMI affiliates offer an array of free support and education programs. Find your local NAMI at www.nami.org/Find-Your-Local-NAMI.

NIDA FOR TEENS: DEPRESSION
NIDA for Teens website is a project of the National Institute on Drug Abuse (NIDA), National Institutes of Health. Created for middle and high school students and their teachers, this website provides accurate and timely information for use in and out of the classroom. Find information and discussions on depression at http://teens.drugabuse.gov (Search: Depression).

NIHSENIORHEALTH: DEPRESSION
NIHSeniorHealth (www.NIHSeniorHealth.gov) has added depression to its list of health topics of interest to older adults. This senior-friendly medical website is a joint effort of the National Institute on Aging and the National Library of Medicine, which are part of the National Institutes of Health (NIH). It is available at http://nihseniorhealth.gov/depression/.

ST. JOHN’S WORT AND DEPRESSION
This fact sheet has information about St. John’s wort, a popular herb being used by the public today to treat mild depression. This publication includes information on the FDA’s role to monitor the use of this herb, how St. John’s wort works, how it is used to treat depression, and a drug interaction advisory. Read it at https://nccih.nih.gov/health/stjohnswort/sjw-and-depression.htm.

QUESTIONS TO ASK YOUR DOCTOR
Asking questions and providing information to your doctor and other care providers can improve your care. Talking with your doctor builds trust and leads to better results, quality, safety, and satisfaction. Visit the Agency for Healthcare Research and Quality website for tips at www.ahrq.gov/patients-consumers/index.html.
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CITING THIS PUBLICATION

TEEN DEPRESSION
You are not alone.
There are ways you can feel better.

DEPRESSION IS NOT YOUR FAULT OR CAUSED BY SOMETHING YOU DID WRONG.
Depression is a real, treatable brain illness, or health problem. Depression can be caused by big transitions in life, stress, or changes in your body’s chemicals that affect your thoughts and moods. Depression can run in families. Maybe you haven’t realized that you have depression and have been blaming yourself for being negative. Remember that depression is not your fault!

LEARN MORE.
National Institute of Mental Health (NIMH):
www.nimh.nih.gov

Drugs & Health: A blog for teens from the National Institute on Drug Abuse:
http://teens.drugabuse.gov/blog

National Suicide Prevention Lifeline:
1-800-273-TALK (8255), free 24-hour help

RELATIONSHIPS
Depression can affect

You are not alone. There are ways you can feel better.

Express yourself.
- Try to get out with friends and try fun things that help you have fun.
- Try to get along with your friends and students and make new friends.
- Talk to your friends and tell them how you feel.
- Talk to your parents or your teachers and share your feelings.
- Talk to your doctor and let them help you.
- Talk to your counselor and let them help you.
- Talk to someone you trust and let them help you.

Be good to yourself.
- Be good to others.
- Be good to others.
- Be good to others.
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Learn more.
National Institute of Mental Health (NIMH):
www.nimh.nih.gov

Drugs & Health: A blog for teens from the National Institute on Drug Abuse:
http://teens.drugabuse.gov/blog

National Suicide Prevention Lifeline:
1-800-273-TALK (8255), free 24-hour help

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**If you have been feeling sad, hopeless, or irritable for what seems like a long time, you might have depression.**

- Depression is a real, treatable brain illness, or health problem.
- Depression can be caused by big transitions in life, stress, or changes in your body’s chemicals that affect your thoughts and moods.
- Even if you feel hopeless, depression gets better with treatment.
- There are lots of people who understand and want to help you.
- Ask for help as early as you can so you can get back to being yourself.

**If you think you are depressed, ask for help as early as you can.**

If you have symptoms of depression for more than 2 weeks, ask for help. Depression can get better with care and treatment. Don’t wait for depression to go away by itself. If you don’t ask for help, depression may get worse.

1. **Talk to:**
   - Your parents or guardian
   - Your teacher or counselor
   - Your doctor
   - A helpline, such as 1-800-273-TALK (8255), free 24-hour help
   - Or call 911 if you are in a crisis or want to hurt yourself

2. **Ask your parent or guardian to make an appointment with your doctor for a checkup.** 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 treat your depression or refer you to a mental health professional. A mental health professional can give you a thorough evaluation and also treat your depression.

3. **Talk to a mental health professional, such as a psychiatrist, counselor, psychologist, or other therapist.** These mental health professionals can diagnose and treat depression and other mental health problems.

**Know the signs and symptoms of depression.**

Most of the day or nearly every day you may feel one or all of the following:

- Sad
- Empty
- Hopeless
- Angry, cranky, or frustrated, even at minor things

You also may:

- Not care about things or activities you used to enjoy.
- Have weight loss when you are not dieting or weight gain from eating too much.
- Have trouble falling asleep or staying asleep, or sleep much more than usual.
- Move or talk more slowly.
- Feel restless or have trouble sitting still.
- Feel very tired or like you have no energy.
- Feel worthless or very guilty.
- Have trouble concentrating, remembering information, or making decisions.
- Think about dying or suicide or try suicide.

Not everyone experiences depression the same way. And depression can occur at the same time as other mental health problems, such as anxiety, an eating disorder, or substance abuse.

**There are ways you can feel better.**

Effective treatments for depression include talk therapy or a combination of talk therapy and medicine.

**Talk therapy**

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. Research has shown that certain types of talk therapy or psychotherapy can help teens deal with depression. These include cognitive behavioral therapy, which focuses on thoughts, behaviors, and feelings related to depression, and interpersonal psychotherapy, which focuses on working on relationships.

Read more about talk therapies at [www.nimh.nih.gov/health/topics/psychotherapies](http://www.nimh.nih.gov/health/topics/psychotherapies).

**Medicines**

If your doctor thinks you need medicine to help your depression, he or she can prescribe an antidepressant. There are a few antidepressants that have been widely studied and proven to help teens. If your doctor recommends medicine, it is important to see your doctor regularly and tell your parents or guardian about your feelings, especially if you start feeling worse or have thoughts of hurting yourself.

Each year, children experience violence and disaster and face other traumas. Young people are injured, they see others harmed by violence, they suffer sexual abuse, and they lose loved ones or witness other tragic and shocking events. Rescue workers including police, fire, and other first responders can help children overcome these experiences and start the process of recovery.
What is trauma?

“Trauma” is often thought of as physical injuries. Psychological trauma is an emotionally painful, shocking, stressful, and sometimes life-threatening experience. It may or may not involve physical injuries, and can result from witnessing distressing events. Examples of trauma include a natural disaster, physical or sexual abuse, and terrorism.

Disasters such as hurricanes, earthquakes, and floods can claim lives, destroy homes or whole communities, and cause serious physical and psychological injuries. Trauma can also be caused by acts of violence. The September 11, 2001 terrorist attack is one example. Mass shootings in schools or communities and physical or sexual assault are other examples. Traumatic events threaten people’s sense of safety.

Reactions (responses) to trauma can be immediate or delayed. Reactions to trauma differ in severity and cover a wide range of behaviors and responses. Children with existing mental health problems, past traumatic experiences, and/or limited family and social supports may be more reactive to trauma. Frequently experienced responses among children after trauma are loss of trust and a fear of the event happening again.

It’s important to remember:

- Children’s reactions to trauma are strongly influenced by adults’ responses to trauma.
- People from different cultures may have their own ways of reacting to trauma.
Commonly experienced responses to trauma among children:

Children age 5 and under may react in a number of ways including:

- Showing signs of fear
- Clinging to parent or caregiver
- Crying or screaming
- Whimpering or trembling
- Moving aimlessly
- Becoming immobile
- Returning to behaviors common to being younger
- Thumbsucking
- Bedwetting
- Being afraid of the dark.

Children age 6 to 11 may react by:

- Isolating themselves
- Becoming quiet around friends, family, and teachers
- Having nightmares or other sleep problems
- Refusing to go to bed
- Becoming irritable or disruptive
- Having outbursts of anger
- Starting fights
- Being unable to concentrate
- Refusing to go to school
- Complaining of physical problems
- Developing unfounded fears
- Becoming depressed
- Expressing guilt over what happened
- Feeling numb emotionally
- Doing poorly with school and homework
- Losing interest in fun activities.
Adolescents age 12 to 17 may react by:

- Having flashbacks to the event (flashbacks are the mind reliving the event)
- Having nightmares or other sleep problems
- Avoiding reminders of the event
- Using or abusing drugs, alcohol, or tobacco
- Being disruptive, disrespectful, or behaving destructively
- Having physical complaints
- Feeling isolated or confused
- Being depressed
- Being angry
- Losing interest in fun activities
- Having suicidal thoughts.

Adolescents may feel guilty. They may feel guilt for not preventing injury or deaths. They also may have thoughts of revenge.

What can rescue workers do to help?

After violence or disaster rescue workers should protect children from:

- Further harm
- Traumatic sights and sounds
- Onlookers and media.

Rescue workers should also be kind, but firm in directing children away from the event site and injured survivors. They should try to keep children together with family and friends.

Rescue workers can help identify children in acute distress and stay with them until they are calm. Signs of acute distress include:

- Trembling
- Rambling
- Becoming mute
- Exhibiting erratic behavior such as loud crying, rage, or sitting completely still or frozen.

Rescue workers should be tolerant of difficult behavior and strong emotions. Supportive acts that help children feel safe are a quick hug or a reassuring word.
How can adults help children and adolescents who experienced trauma?

Helping children can start immediately, even at the scene of the event. Most children recover within a few weeks of a traumatic experience, while some may need help longer. Grief, a deep emotional response to loss, may take months to resolve. Children may experience grief over the loss of a loved one, teacher, friend or pet. Grief may be re-experienced or worsened by news reports or the event's anniversary.

Some children may need help from a mental health professional. Some people may seek other kinds of help from community leaders. Identify children who need support and help them obtain it.

Examples of problematic behaviors could be:

- Refusing to go places that remind them of the event
- Emotional numbness
- Behaving dangerously
- Unexplained anger/rage
- Sleep problems including nightmares.

Adult helpers should:

Pay attention to children

- Listen to them
- Accept/do not argue about their feelings
- Help them cope with the reality of their experiences.

Reduce effects of other stressors, such as

- Frequent moving or changes in place of residence
- Long periods away from family and friends
- Pressures to perform well at school
- Transportation problems
- Fighting within the family
- Being hungry.

Monitor healing

- It takes time
- Do not ignore severe reactions
- Pay attention to sudden changes in behaviors, speech, language use, or in strong emotions.
Remind children that adults
• Love them
• Support them
• Will be with them when possible.

Help for all people in the first days and weeks

There are steps adults can take following a disaster that can help them cope, making it easier for them to provide better care for children. These include creating safe conditions, remaining calm and friendly, and connecting with others. Being sensitive to people under stress and respecting their decisions is important.

When possible, help people:
• Get food
• Get a safe place to live
• Get help from a doctor or nurse if hurt
• Contact loved ones or friends
• Keep children with parents or relatives
• Understand what happened
• Understand what is being done
• Know where to get help.

Don’t:
• Force people to tell their stories
• Probe for personal details
• Say things like “everything will be OK,” or “at least you survived”
• Say what you think people should feel or how people should have acted
• Say people suffered because they deserved it
• Be negative about available help
• Make promises that you can’t keep such as “you will go home soon.”
More about trauma and stress

Some children will have prolonged mental health problems after a traumatic event. These may include grief, depression, anxiety, and post-traumatic stress disorder (PTSD). Some trauma survivors get better with some support. Others may need prolonged care by a mental health professional. If after a month in a safe environment children are not able to perform their normal routines or new behavioral or emotional problems develop, then contact a health professional.

Factors influencing how one may respond include:

- Being directly involved in the trauma, especially as a victim
- Severe and/or prolonged exposure to the event
- Personal history of prior trauma
- Family or personal history of mental illness and severe behavioral problems
- Limited social support; lack of caring family and friends
- On-going life stressors such as moving to a new home, or new school, divorce, job change, or financial troubles.

Some symptoms may require immediate attention. Contact a mental health professional if these symptoms occur:

- Flashbacks
- Racing heart and sweating
- Being easily startled
- Being emotionally numb
- Being very sad or depressed
- Thoughts or actions to end one’s life.
Trauma resources

Access to disaster help and resources:
Website: [http://www.disasterassistance.gov](http://www.disasterassistance.gov)

Centers for Disease Control and Prevention
Website: [http://emergency.cdc.gov/mentalhealth](http://emergency.cdc.gov/mentalhealth)

Federal Emergency Management Agency
Phone: 1-800-480-2520
Website: [https://www.ready.gov/kids](https://www.ready.gov/kids)

National Center for PTSD
Website: [http://www.ptsd.va.gov](http://www.ptsd.va.gov)

The National Child Traumatic Stress Network
Website: [http://www.nctsn.org](http://www.nctsn.org)

Substance Abuse and Mental Health Services Administration Disaster Distress Helpline
Phone: 1-800-985-5990
Website: [http://www.disasterdistress.samhsa.gov](http://www.disasterdistress.samhsa.gov)

Uniformed Services University of the Health Sciences Center for the Study of Traumatic Stress
Website: [http://cstsonline.org](http://cstsonline.org)

U.S. Department of Justice Office for Victims of Crime
Website: [http://www.ovc.gov/help/index.html](http://www.ovc.gov/help/index.html)

If you or someone you know is in crisis or thinking of suicide, get help quickly.

- Call your doctor.
- Call 911 for emergency services or go to the nearest emergency room.
- Call the toll-free 24-hour hotline of the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255); TTY: 1-800-799-4TTY (4889).
Where can I find more information?

To learn more about trauma among children, visit:

**MedlinePlus (the National Library of Medicine):**
http://medlineplus.gov
(En Español: http://medlineplus.gov/spanish)

For information on clinical trials, visit:

**ClinicalTrials.gov**
http://www.clinicaltrials.gov

For more information on conditions that affect mental health, resources, and research, go to **MentalHealth.gov** at http://www.mentalhealth.gov, the **NIMH** website at http://www.nimh.nih.gov, or contact us at:

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Attention-Deficit/Hyperactivity Disorder (ADHD): THE BASICS
Do you find it hard to pay attention? Do you feel the need to move constantly during times when you shouldn’t? Do you find yourself constantly interrupting others? If these issues are ongoing and you feel that they are negatively impacting your daily life, it could be a sign of attention-deficit/hyperactivity disorder (ADHD).

ADHD is a disorder that makes it difficult for a person to pay attention and control impulsive behaviors. He or she may also be restless and almost constantly active.

**ADHD is not just a childhood disorder.** Although the symptoms of ADHD begin in childhood, ADHD can continue through adolescence and adulthood. Even though hyperactivity tends to improve as a child becomes a teen, problems with inattention, disorganization, and poor impulse control often continue through the teen years and into adulthood.

### What causes ADHD?

Researchers at the National Institute of Mental Health (NIMH), National Institutes of Health (NIH), and across the country are studying the causes of ADHD. Current research suggests ADHD may be caused by interactions between genes and environmental or non-genetic factors. Like many other illnesses, a number of factors may contribute to ADHD such as:

- Genes
- Cigarette smoking, alcohol use, or drug use during pregnancy
- Exposure to environmental toxins, such as high levels of lead, at a young age
- Low birth weight
- Brain injuries

### Warning Signs

People with ADHD show an ongoing pattern of three different types of symptoms:

- Difficulty paying attention (inattention)
- Being overactive (hyperactivity)
- Acting without thinking (impulsivity)
These symptoms get in the way of functioning or development. People who have ADHD have combinations of these symptoms:

- Overlook or miss details, make careless mistakes in schoolwork, at work, or during other activities
- Have problems sustaining attention in tasks or play, including conversations, lectures, or lengthy reading
- Seem to not listen when spoken to directly
- Fail to not follow through on instructions, fail to finish schoolwork, chores, or duties in the workplace, or start tasks but quickly lose focus and get easily sidetracked
- Have problems organizing tasks and activities, such as doing tasks in sequence, keeping materials and belongings in order, keeping work organized, managing time, and meeting deadlines
- Avoid or dislike tasks that require sustained mental effort, such as schoolwork or homework, or for teens and older adults, preparing reports, completing forms, or reviewing lengthy papers
- Lose things necessary for tasks or activities, such as school supplies, pencils, books, tools, wallets, keys, paperwork, eyeglasses, and cell phones
- Become easily distracted by unrelated thoughts or stimuli
- Forgetful in daily activities, such as chores, errands, returning calls, and keeping appointments

Signs of hyperactivity and impulsivity may include:

- Fidgeting and squirming while seated
- Getting up and moving around in situations when staying seated is expected, such as in the classroom or in the office
- Running or dashing around or climbing in situations where it is inappropriate, or, in teens and adults, often feeling restless
- Being unable to play or engage in hobbies quietly
- Being constantly in motion or “on the go,” or acting as if “driven by a motor”
- Talking nonstop
- Blurtling out an answer before a question has been completed, finishing other people’s sentences, or speaking without waiting for a turn in conversation
- Having trouble waiting his or her turn
- Interrupting or intruding on others, for example in conversations, games, or activities
Showing these signs and symptoms does not necessarily mean a person has ADHD. Many other problems, like anxiety, depression, and certain types of learning disabilities, can have similar symptoms. If you are concerned about whether you or your child might have ADHD, the first step is to talk with a health care professional to find out if the symptoms fit the diagnosis. The diagnosis can be made by a mental health professional, like a psychiatrist or clinical psychologist, primary care provider, or pediatrician.

**Treating ADHD**

Although there is no cure for ADHD, currently available treatments may help reduce symptoms and improve functioning. ADHD is commonly treated with medication, education or training, therapy, or a combination of treatments.

**Medication**

For many people, ADHD medications reduce hyperactivity and impulsivity and improve their ability to focus, work, and learn. The first line of treatment for ADHD is stimulants.

**Stimulants:** Although it may seem unusual to treat ADHD with a medication that is considered a stimulant, it is effective. Many researchers think that stimulants are effective because the medication increases the brain chemical dopamine, which plays essential roles in thinking and attention.

**Non-Stimulants:** These medications take longer to start working than stimulants, but can also improve focus, attention, and impulsivity in a person with ADHD. Doctors may prescribe a non-stimulant if a person had bothersome side effects from stimulants, if a stimulant was not effective, or in combination with a stimulant to increase effectiveness. Two examples of non-stimulant medications include atomoxetine and guanfacine.

**Antidepressants:** Although antidepressants are not approved by the U.S. Food and Drug Administration (FDA) specifically for the treatment of ADHD, antidepressants are sometimes used to treat adults with ADHD. Older antidepressants, called tricyclics, sometimes are used because they, like stimulants, affect the brain chemicals norepinephrine and dopamine.

There are many different types and brands of these medications—all with potential benefits and side effects.
Sometimes several different medications or dosages must be tried before finding the one that works for a particular person. Anyone taking medications must be monitored closely and carefully by their prescribing doctor.

Call your doctor right away if you have any problems with your medicine or if you are worried that it might be doing more harm than good. Your doctor may be able to adjust the dose or change your prescription to a different one that may work better for you.

**Therapy**

There are different kinds of therapy that have been tried for ADHD, but research shows that therapy may not be effective in treating ADHD symptoms. However, adding therapy to an ADHD treatment plan may help patients and families better cope with daily challenges.

**For Children and Teens:** Parents and teachers can help children and teens with ADHD stay organized and follow directions with tools such as keeping a routine and a schedule, organizing everyday items, using homework and notebook organizers, and giving praise or rewards when rules are followed.

**For Adults:** A licensed mental health provider or therapist can help an adult with ADHD learn how to organize his or her life with tools such as keeping routines and breaking down large tasks into more manageable, smaller tasks.

**Education and Training**

Children and adults with ADHD need guidance and understanding from their parents, families, and teachers to reach their full potential and to succeed. Mental health professionals can educate the parents of a child with ADHD about the condition and how it affects a family. They can also help the child and his or her parents develop new skills, attitudes, and ways of relating to each other. Examples include:

- **Parenting skills training** teaches parents the skills they need to encourage and reward positive behaviors in their children.

- **Stress management techniques** can benefit parents of children with ADHD by increasing their ability to deal with frustration so that they can respond calmly to their child’s behavior.
Support groups can help parents and families connect with others who have similar problems and concerns. Adding behavioral therapy, counseling, and practical support can help people with ADHD and their families to better cope with everyday problems.

School-based Programs

Some schools offer special education services to children with ADHD who qualify. Educational specialists help the child, parents, and teachers make changes to classroom and homework assignments to help the child succeed. Public schools are required to offer these services for qualified children, which may be free for families living within the school district. Learn more about the Individuals with Disabilities Education Act (IDEA), visit http://idea.ed.gov.

Finding Help

The National Resource Center on ADHD, a program of Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD®) supported by the Centers for Disease Control and Prevention (CDC), has information and many resources. You can reach this center online at www.help4adhd.org or by phone at 1-800-233-4050. You can also visit the NIMH’s Help for Mental Illness page at www.nimh.nih.gov/findhelp.

Participate in a Clinical Trial

It’s your involvement that helps researchers to ultimately uncover better ways to treat, prevent, diagnose, and understand human disease. You can get involved by participating in a clinical research trial. The goal of clinical trials is to determine if a new test or treatment works and is safe. Clinical trials can also look at other aspects of care, such as improving the quality of life for people with chronic illnesses.

Researchers at the NIMH and other NIH institutes, such as the National Human Genome Research Institute, conduct research in many areas including cognition, genetics, epidemiology, brain imaging, and treatment development. The studies take place at the NIH Clinical Center in Bethesda, Maryland. If you think you might be interested in participating in a clinical trial, you should talk to your
To learn about studies on ADHD that are currently recruiting at NIMH, visit [http://www.nimh.nih.gov/joinastudy](http://www.nimh.nih.gov/joinastudy).

To find a clinical trial near you, visit [ClinicalTrials.gov](https://clinicaltrial.gov). This is a searchable registry and results database of federally and privately supported clinical trials conducted in the United States and around the world. ClinicalTrials.gov gives you information about a trial’s purpose, who may participate, locations, and phone numbers for more details. This information should be used in conjunction with advice from your health care provider.

**Learn more about ADHD**

To learn more about ADHD, visit:

- National Institute of Mental Health
- Centers for Disease Control and Prevention
  [https://www.cdc.gov/ncbddd/adhd/](https://www.cdc.gov/ncbddd/adhd/)
- MedlinePlus (National Library of Medicine)

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For More Information

For more information on conditions that affect mental health, resources, and research, go to MentalHealth.gov at http://www.mentalhealth.gov, or the NIMH website at http://www.nimh.nih.gov. In addition, the National Library of Medicine’s MedlinePlus service has information on a wide variety of health topics, including conditions that affect mental health.

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National Institute of Mental Health
U.S. Department of Health and Human Services
National Institutes of Health
NIH Publication No. QF-16-3572
Revised 2016
FREE BROCHURES FROM THE NATIONAL INSTITUTE OF MENTAL HEALTH

To download brochures: It’s easy

1. On google, type in National Institute on Mental Health.

2. On home page tap, “Publications” (other choices are MH info, Depression, Statistics, Anxiety Disorders)

3. On the “Publication” page, look to the left where 20 Mental Health Topics are listed. (On this page notice the “New Products.” Scroll down and tap on any of those and read content.”)

Of the 20 Topics, the number in parenthesis informs you of the brochures on the mental health topic.

Most of the brochures cannot be ordered in hard copy. They can be downloaded. The download will be a pdf with a number/alphabet identification. Write down the pdf identification. The next issue to act upon is if you want to convert to Word. To do this you must buy (about a $25 per year for an Adobe account. A pop-up will give you this option.) Or on the upper right-hand corner, the download symbol appears. Tap that. The choice of email or copy will pop up. I always choose email. With this option I can save the download in the appropriate Desktop file I prefer. I will only see the number/alphabet that I wrote down.

If you are unsuccessful, call 1-866-615-6464. A patient angel will walk you through the process and stay with you until you are satisfied.

I highly recommend these brochures. Each has an image that clearly identifies the MH topic, the narrative includes symptoms, behaviors that indicate a problem, statistics and other resources.

Dr. Kay Bernard