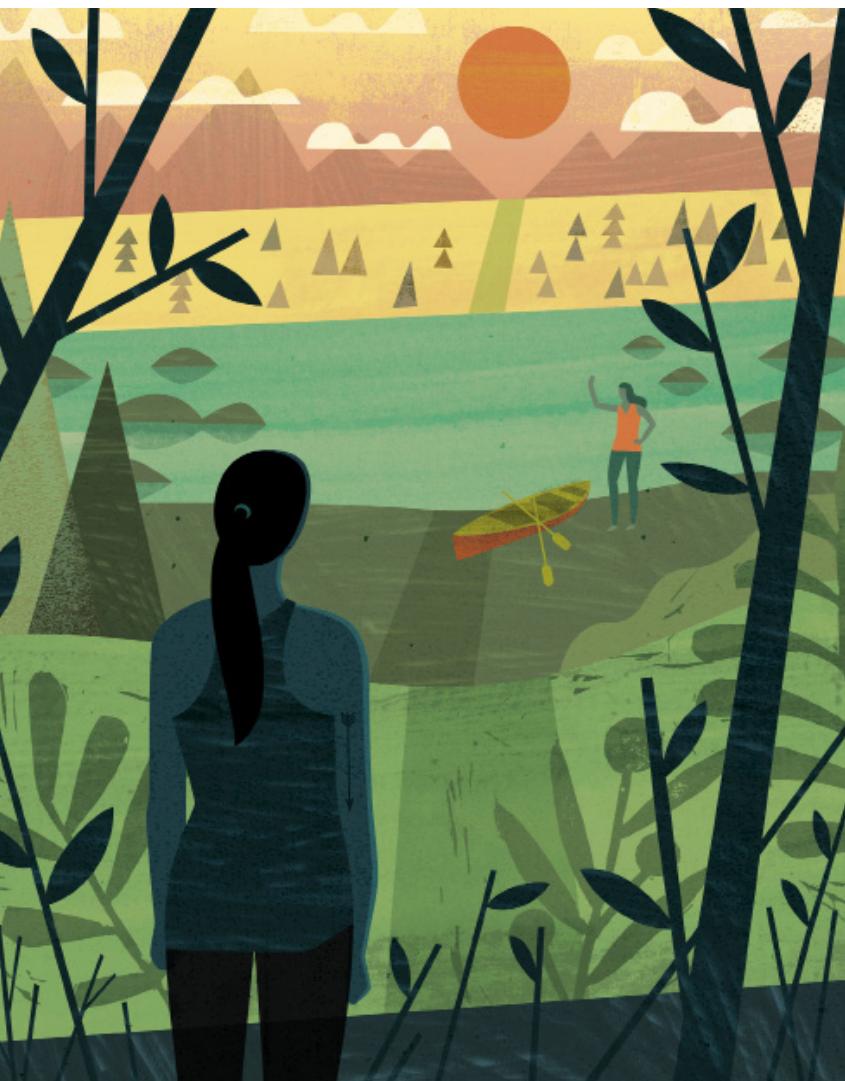


# WHAT SOMEONE WITH DEPRESSION WANTS YOU TO KNOW

Understanding what depression may look like is key to helping a loved one through it. We went to the experts for their insights and strategies so you can be there for someone who needs support.



“Family and friends are often the first to spot changes in mood.”

VALERIE CORDERO, PH.D.

**AT** any given time, about 6 percent of Americans are depressed, but because of a mix of factors, including fear of stigma and a sense of isolation, fewer than half of them seek treatment.

As a caring friend or family member, you're in a strong position to be supportive and encourage someone to get help, says Valerie Cordero, Ph.D., coexecutive director of Families for Depression Awareness.

Speaking up can be difficult; you may feel a mix of emotions, including fear, frustration, or worry that you might be overreacting. But push past it and reach out, Cordero says. “Listen to your gut. If you sense something is wrong, it probably is.” And most importantly: People who are experiencing depression want to feel listened to, understood, and accepted.

## WE MAY NOT SEEM DEPRESSED

Although a hallmark sign is a persistent blue mood, depression can show up in several other ways. For Heather Jones of Toronto, “sometimes depression looks like afternoon naps, or putting off chores, or needing space. I may be smiling and enjoying your company, but I could be using all of my energy just for that visit or conversation.”

One way to spot depression: Look for changing behavioral patterns. “Maybe your always-energetic friend is tired and cancels plans. Maybe she has always liked jogging but is spending more time curled up on the couch,” says Dania March, M.P.H., L.C.S.W., a psychotherapist in Oakland. “These patterns can take weeks or months to appear.” Symptoms can also intensify in winter; shorter days can trigger a type of depression called seasonal affective disorder.

## MAJOR LIFE EVENTS CAN BE TRIGGERS

Depression can come on the heels of a big disruption, such as a divorce, serious illness, job loss, or death of a loved one or pet.

Even presumably happy changes—marriage, a promotion, pregnancy—can lead to depression. “Positive transitions can trigger self-doubt,” March says. “And if that self-doubt grows deep enough, it can lead you down the road to depression.”

New moms can be especially at risk due to a constellation of reasons, such as fluctuating hormone levels, poor sleep, and lack of support.

Keep checking in on friends and family during times of flux, remind them that whatever they may be feeling is valid, and offer to assist exploring treatment options.

## IT'S A MYTH!

People with mental health conditions are weak.

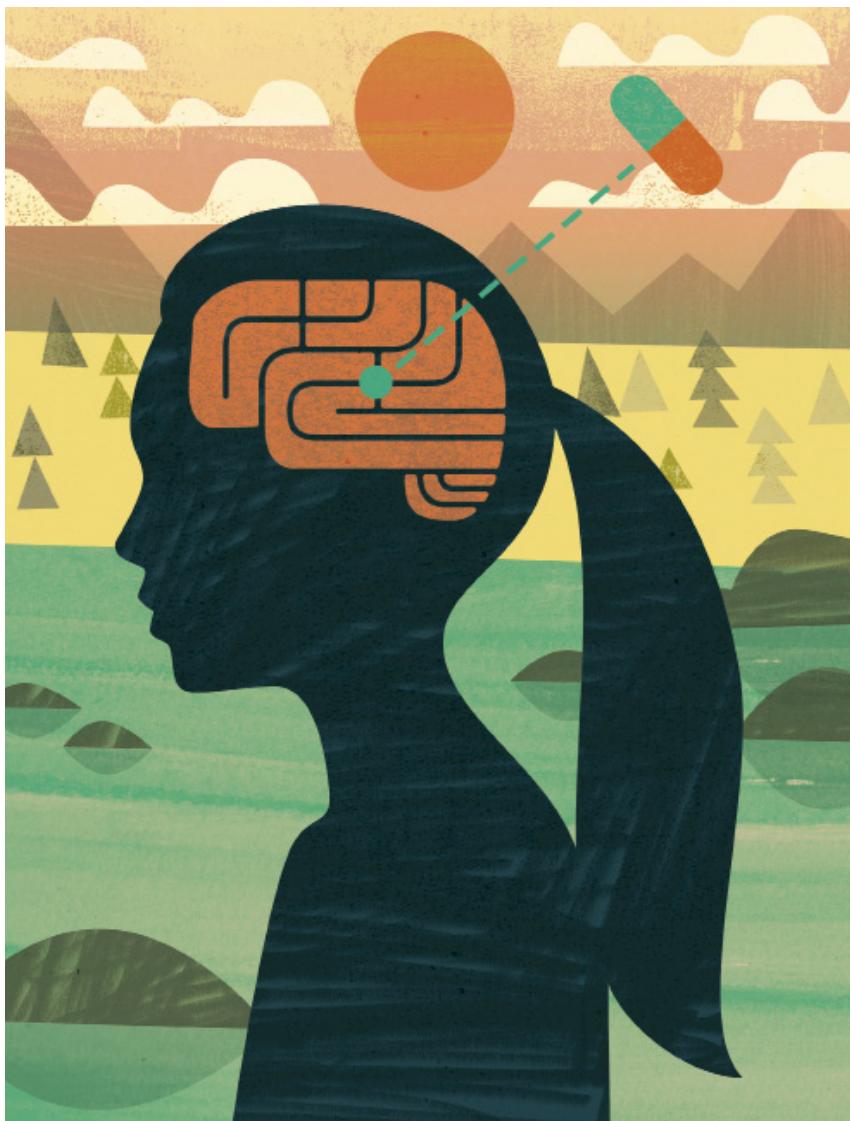
**FACT** Anyone can develop a mental health condition. There's no single cause, and it isn't anyone's fault. Many factors affect mental health, including biology, environment, and challenging life events.

## IT'S OK TO BE DIRECT

If you suspect a loved one is struggling with depression, ask how she's feeling. “Often, the person pulls away to process her emotions,” says Laurie Barrett of Pittsburgh, who experiences depression. “But this can quickly escalate to loneliness and isolation.”

The language you use is important. Try something like, “You seem bummed lately. Your energy feels different. I've noticed you canceling plans. I'm not upset but want to check in.” If she opens up about her depression, simply listen. “Avoid saying things like ‘Stop being so negative’ or ‘It will pass.’ This can be dismissive and imply that depression is a choice, which isn't true,” says Don Mordecai, M.D., national leader for mental health and wellness at Kaiser Permanente.

Try offering concrete help like “Can I come over and cook dinner?” A general “Do you need help?” puts the burden on the person with depression to think of an answer, adding more to her overflowing plate.



## THE 411 ON MEDICATION

Antidepressants can be a lifesaver for people with depression. But sometimes people are hesitant to try them. “A common concern is that antidepressants will alter your personality,” says Don Mordecai, M.D. “They affect certain brain chemicals, but what I often hear from people who do well on meds is that they feel more like themselves after taking them.” Personality changes for the worse mean that you should check with your doctor about switching dosages or drugs.

Types of meds used to treat depression include selective serotonin reuptake inhibitors (SSRIs), tricyclic antidepressants, serotonin-norepinephrine reuptake inhibitors (SNRIs), and monoamine oxidase inhibitors (MAOIs). “You may need to try a few before finding one that works,” says Louann Brizendine, M.D., founder of The Women's Mood and Hormone Clinic at the University of California, San Francisco. Most who get better on meds see a difference within three to six weeks.

## EXTRA RESOURCES

Check out these organizations for more tools to support yourself or a loved one living with depression.

▶ [findyourwords.org](http://findyourwords.org) (Created by Kaiser Permanente to help people open up about mental health issues.)

▶ [mentalhealthamerica.net](http://mentalhealthamerica.net)

▶ [nami.org](http://nami.org) (National Alliance on Mental Illness)

**IT'S A MYTH!**

Most people with a mental health condition can get well on their own without professional help.

**FACT** Professional treatment is important and works—just like for any other condition or disease. More than 80 percent of people who receive treatment for depression improve.



**WE MIGHT  
SAY WE  
DON'T WANT  
HELP**

When your mind is flooded with negative thoughts, it's easy to feel like a burden, says Theresa Nguyen, L.C.S.W., vice president of policy and programs for Mental Health America. This makes it more likely that you'll isolate yourself. When a friend does reach out, your brain is in such a fog that you may not even understand what the person is saying, let alone think *I need to get better*.

Getting help can be arduous. "There can be a wait for an appointment, therapists who don't take insurance, and medications that take a while to work or don't work," Nguyen says. "It can feel defeating."

If a loved one balks at seeing a mental health professional, she might be open to other resources. "You can read articles, explore other people's experiences with depression, or even take an online depression screening at [mhascreening.org](http://mhascreening.org)," Nguyen says. It doesn't replace a diagnosis but it can make seeking support less threatening. "It's painful to unpack what's making you sad."

**GETTING  
THE RIGHT  
TREATMENT**

The severity influences the treatment plan.

■ **MILD DEPRESSION**  
Feeling down for a few weeks to a month and possibly beginning to interfere with your work or personal relationships. Often responds well to a combo of therapy and lifestyle changes, such as exercise and mind-body stress-reduction techniques.

■ **MODERATE TO SEVERE DEPRESSION**  
Can be more wide-reaching: a feeling of sadness, emptiness, or hopelessness; a loss of interest in most activities nearly every day for two weeks; a change in sleep, appetite, energy, and/or ability to concentrate. A combination of therapy and medication is most commonly used to alleviate moderate to severe depression. A psychiatrist can provide both. Or a psychologist, social worker, or other mental health professional can provide therapy and a psychiatrist the meds. ■

**MENTAL HEALTH FIRST AID** ▶ There's support for those giving support: Mental health first aid courses teach you to identify,

understand, and respond to symptoms of mental illness in friends, family members, or even strangers. The eight-hour course addresses both crisis and noncrisis situations, including how to listen nonjudgmentally, offer help and reassurance, and recognize when someone is at risk for suicide or self-harm. It's usually taught at a public health department, hospital, school, or police station. Find one near you at [mentalhealthfirstaid.org](http://mentalhealthfirstaid.org).