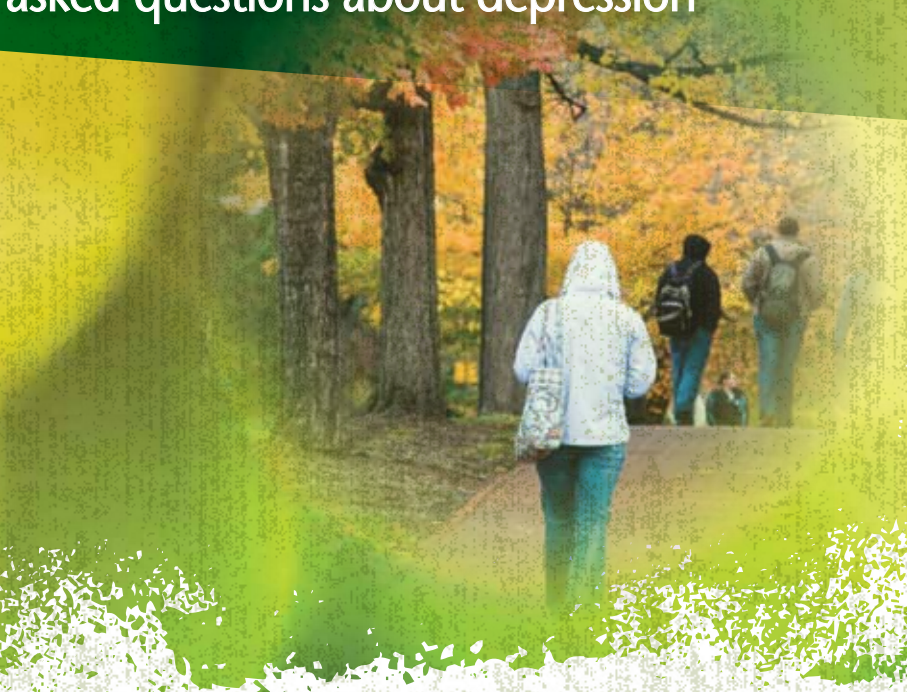


NIMH

National Institute
of Mental Health

Depression and College Students

Answers to college students' frequently
asked questions about depression



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

In reality,

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

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

Q. What is depression?

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


Q. How does depression affect college students?

A. In 2011, the American College Health Association–National College Health Assessment (ACHA–NCHA)—a nationwide survey of college students at 2- and 4-year institutions—found that about 30 percent of college students reported

feeling “so depressed that it was difficult to function” at some time in the past year.²

Depression can affect your academic performance in college.³ Studies suggest that college students who have depression are more likely to smoke.⁴ Research suggests that students with depression do not necessarily drink alcohol more heavily than other college students. But students with depression, especially women, are more likely to drink to get drunk and experience problems related to alcohol abuse, such as engaging in unsafe sex.⁵ Depression and other mental disorders often co-occur with substance abuse, which can complicate treatment.^{6,7}

Depression is also a major risk factor for suicide.⁸ Better diagnosis and treatment of depression can help reduce suicide rates among college students. In the Fall 2011 ACHA–NCHA survey, more than 6 percent of college students reported seriously considering suicide, and about 1 percent reported attempting suicide in the previous year.² Suicide is the third leading cause of death for teens and young adults ages 15 to 24.⁹ Students should also be aware that the warning signs can be different in men vs. women.



30 percent of college students reported feeling “so depressed that it was difficult to function”

Q. Are there different types of depression?

- A.** Yes. The most common depressive disorders are:
- **Major depressive disorder**—also called major depression. The symptoms of major depression are disabling and interfere with everyday activities such as studying, eating, and sleeping. People with this disorder may have only one episode of major depression in their lifetimes. But more often, depression comes back repeatedly.
 - **Dysthymic disorder**—also called dysthymia. Dysthymia is mild, chronic depression. The symptoms of dysthymia last for a long time—2 years or more. Dysthymia is less severe than major depression, but it can still interfere with everyday activities. People with dysthymia may also experience one or more episodes of major depression during their lifetimes.
 - **Minor depression**—similar to major depression and dysthymia. Symptoms of minor depression are less severe and/or are usually shorter term. Without treatment, however, people with minor depression are at high risk for developing major depressive disorder.

Other types of depression include:

- **Psychotic depression**—severe depression accompanied by some form of psychosis, such as hallucinations and delusions
- **Seasonal affective disorder**—depression that begins during the winter months and lifts during spring and summer.

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

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

Q. What are the signs and symptoms of depression?

- A.** The symptoms of depression vary. If you are depressed, you may feel:
- Sad
 - Anxious
 - Empty
 - Hopeless
 - Guilty
 - Worthless
 - Helpless
 - Irritable
 - Restless.

You may also experience one or more of the following:

- Loss of interest in activities you used to enjoy
- Lack of energy
- Problems concentrating, remembering information, or making decisions
- Problems falling asleep, staying asleep, or sleeping too much
- Loss of appetite or eating too much
- Thoughts of suicide or suicide attempts
- Aches, pains, headaches, cramps, or digestive problems that do not go away.



Q. What causes depression?

A. Depression does not have a single cause. Several factors can lead to depression. Some people carry genes that increase their risk of depression. But not all people with depression have these genes, and not all people with these genes have depression. Environment—your surroundings and life experiences, such as stress, also affects your risk for depression. Stresses of college may include:^{11,12}

- Living away from family for the first time
- Missing family or friends
- Feeling alone or isolated
- Experiencing conflict in relationships
- Facing new and sometimes difficult school work
- Worrying about finances.

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

A. The first step is to talk with a doctor or mental health care provider. Your family doctor, campus health center staff, or other trusted adult may be able to help you find appropriate care.

He or she can perform an exam to help determine if you have depression or if you have another health or mental health problem. Some medical conditions or medications can produce symptoms similar to depression.

A doctor or mental health care provider will ask you about:

- Your symptoms
- Your history of depression
- Your family's history of depression
- Your medical history
- Alcohol or drug use
- Any thoughts of death or suicide.

Q. How is depression treated?

A. A number of very effective treatments for depression are available. The most common treatments are **antidepressants** and **psychotherapy**. Some people find that a combination of antidepressants and psychotherapy works best. A doctor or mental health care provider can help you find the treatment that's right for you.

Q. What are antidepressants?

A. Antidepressants work on brain chemicals called neurotransmitters, especially serotonin and norepinephrine. Other antidepressants work on the neurotransmitter dopamine. Scientists have found that these particular chemicals are involved in regulating mood, but they are unsure of the exact ways that they work.

Q. If a doctor prescribes an antidepressant, how long will I have to take it?

A. Always follow the directions of the doctor or health care provider when taking medication. You will need to take regular doses of antidepressants and the full effect of these medications may not take effect for several weeks or months. Some people need to take antidepressants for a short time. If your depression is long-lasting or comes back repeatedly, you may need to take antidepressants longer.

Q. What is psychotherapy?

A. Psychotherapy involves talking with a mental health care professional to treat a mental illness. Types of psychotherapy that have been shown to be effective in treating depression include:

- **Cognitive-behavioral therapy (CBT)**, which helps people change negative styles of thinking and behavior that may contribute to depression
- **Interpersonal therapy (IPT)**, which helps people understand and work through troubled personal relationships that may cause or worsen depression.

Depending on the type and severity of your depression, a mental health professional may recommend short-term therapy, lasting 10 to 20 weeks, or longer-term therapy.



Q. If I think I may have depression, where can I get help?

- A** Most colleges provide mental health services through counseling centers, student health centers, or both.¹ Check out your college website for information.
- **Counseling centers** offer students free or very low-cost mental health services. Some counseling centers provide short-term or long-term counseling or psychotherapy, also called talk therapy. These centers may also refer you to mental health care providers in the community for additional services.
 - **Student health centers** provide basic health care services to students at little or no cost. A doctor or health care provider may be able to diagnose and treat depression or refer you to other mental health services.

If your college does not provide all of the mental health care you need, your insurance may cover additional mental health services. Many college students have insurance through their colleges, parents, or employers.¹ If you are insured, contact your insurance company to find out about your mental health care coverage.

Q. How can I help myself if I am depressed?

- A** If you have depression, you may feel exhausted, helpless, and hopeless. But it is important to realize that these feelings are part of the illness. Treatment can help you feel better.

To help yourself feel better:

- Try to see a professional as soon as possible—research shows that getting treatment sooner rather than later can relieve symptoms quicker and reduce the length of time treatment is needed
- Give treatment a fair chance—attend sessions and follow your doctor’s or therapist’s advice, including advice about specific exercises or “homework” to try between appointments



- Break up large tasks into small ones, and do what you can as you can; try not to do too many things at once
- Spend time with other people and talk to a friend or relative about your feelings
- Do not make important decisions until you feel better; talk about decisions with others whom you trust and who know you well
- Engage in mild physical activity or exercise
- Participate in activities that you used to enjoy
- Expect your mood to improve gradually with treatment
- Remember that positive thinking will replace negative thoughts as your depression responds to treatment.

Q. How can I help a friend who is depressed?

- A** If you suspect a friend may have depression, you can help him or her get diagnosed and treated. You may need to help your friend find a doctor, mental health care provider, or mental health services on your college campus. If your friend seems unable or unwilling to seek help, offer to go with him or her, and tell your friend that his or her health and safety are important to you.

You can also:

- Offer support, understanding, patience, and encouragement
- Talk to your friend and listen carefully
- Never ignore comments about suicide, and report them to your friend’s therapist or doctor
- Invite your friend out for walks, outings, and other activities. If they refuse keep trying, but don’t push
- Ensure that your friend gets to doctor’s appointments and encourage him or her to report any concerns about medications to their health care professional
- Remind your friend that with time and professional treatment, the depression will lift.

Q. What if I or someone I know is in crisis?

- A.** If you are thinking about harming yourself or having thoughts of suicide, or if you know someone who is, seek help right away
- Call your doctor or mental health care provider
 - Call 911 or go to a hospital emergency room to get immediate help, or ask a friend or family member to help you do these things
 - Call your campus suicide or crisis hotline
 - Call the National Suicide Prevention Lifeline's toll-free, 24-hour hotline at 1-800-273-TALK (1-800-273-8255) or TTY: 1-800-799-4TTY (1-800-799-4889) to talk to a trained counselor
 - Call your college counseling center or student health services
 - If you are in crisis, make sure you are not left alone
 - If someone else is in crisis, make sure he or she is not left alone.

Q. How can research help college students who have depression?

- A.** The National Institute of Mental Health (NIMH) sponsors research on the causes, diagnosis, and treatment of depression, including studies focused on adolescents and young adults. NIMH is sponsoring research on the effectiveness of mental health programs for college students. NIMH is also funding research on new strategies to help students adjust to college life and to reduce suicidal thinking and behavior.

You can find more information about the causes, diagnosis, and treatment of depression, including research related to adolescents and young adults, on the National Institute of Mental Health (NIMH) website.

- **Information about Depression:** <http://www.nimh.nih.gov/health/topics/depression/index.shtml>

You can also connect with NIMH through social media:

- **NIMH Facebook:** <http://www.facebook.com/nimhgov>
- **NIMH Twitter:** <http://twitter.com/nimhgov>
- **NIMH YouTube:** <http://www.youtube.com/nimhgov>

Citations

1. Eisenberg D, Golberstein E, Gollust SE. Help-seeking and access to mental health care in a university student population. *Med Care*. 2007 Jul;45(7):594–601. PubMed PMID: 17571007.
2. American College Health Association. *American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2011*. Hanover, MD: American College Health Association; 2012.
3. Eisenberg D, Gollust SE, Golberstein E, Hefner JL. Prevalence and correlates of depression, anxiety, and suicidality among university students. *Am J Orthopsychiatry*. 2007 Oct;77(4):534–42. PubMed PMID: 18194033.
4. Cranford JA, Eisenberg D, Serras AM. Substance use behaviors, mental health problems, and use of mental health services in a probability sample of college students. *Addict Behav*. 2009 Feb;34(2):134–45. Epub 2008 Sep 17. PubMed PMID: 18851897.
5. Weitzman ER. Poor mental health, depression, and associations with alcohol consumption, harm, and abuse in a national sample of young adults in college. *J Nerv Ment Dis*. 2004 Apr;192(4):269–77. PubMed PMID: 15060400.
6. Griswold KS, Aronoff H, Kernan JB, Kahn LS. Adolescent substance use and abuse: recognition and management. *Am Fam Physician*. 2008 Feb 1;77(3):331–6. Review. PubMed PMID: 18297958.
7. Glantz MD, Anthony JC, Berglund PA, Degenhardt L, Dierker L, Kalaydjian A, Merikangas KR, Ruscio AM, Swendsen J, Kessler RC. Mental disorders as risk factors for later substance dependence: estimates of optimal prevention and treatment benefits. *Psychol Med*. 2009 Aug;39(8):1365–77. Epub 2008 Dec 2. PubMed PMID: 19046473; PubMed Central PMCID: PMC2705467.
8. Garlow SJ, Rosenberg J, Moore JD, Haas AP, Koestner B, Hendin H, Nemeroff CB. Depression, desperation, and suicidal ideation in college students: results from the American Foundation for Suicide Prevention College Screening Project at Emory University. *Depress Anxiety*. 2008;25(6):482–8. PubMed PMID: 17559087.
9. National Center for Health Statistics. *Health, United States, 2011: With Special Feature on Socioeconomic Status and Health*. Hyattsville, MD. 2012.
10. Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):593–602.
11. Mowbray CT, Megivern D, Mandiberg JM, Strauss S, Stein CH, Collins K, Kopels S, Curlin C, Lett R. Campus mental health services: recommendations for change. *Am J Orthopsychiatry*. 2006 Apr;76(2):226–37. PubMed PMID: 16719642.
12. Hefner J, Eisenberg D. Social support and mental health among college students. *Am J Orthopsychiatry*. 2009 Oct;79(4):491–9. PubMed PMID: 20099940.

For more information on depression

Visit the National Library of Medicine's MedlinePlus

<http://medlineplus.gov>

En Español

<http://medlineplus.gov/spanish>

For information on clinical trials:

<http://www.nimh.nih.gov/health/trials/index.shtml>

National Library of Medicine clinical trials database:

<http://www.clinicaltrials.gov>

Information from NIMH is available in multiple formats. You can browse online, download documents in PDF, and order materials through the mail. Check the NIMH website at <http://www.nimh.nih.gov> for the latest information on this topic and to order publications.

If you do not have Internet access please contact the NIMH Information Resource Center at the numbers listed below.

National Institute of Mental Health

Office of Science Policy, Planning and Communications

Science Writing, Press and Dissemination Branch

6001 Executive Boulevard

Room 6200, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431 or

1-866-415-8051 toll-free

FAX: 301-443-4279

E-mail: nimhinfo@nih.gov

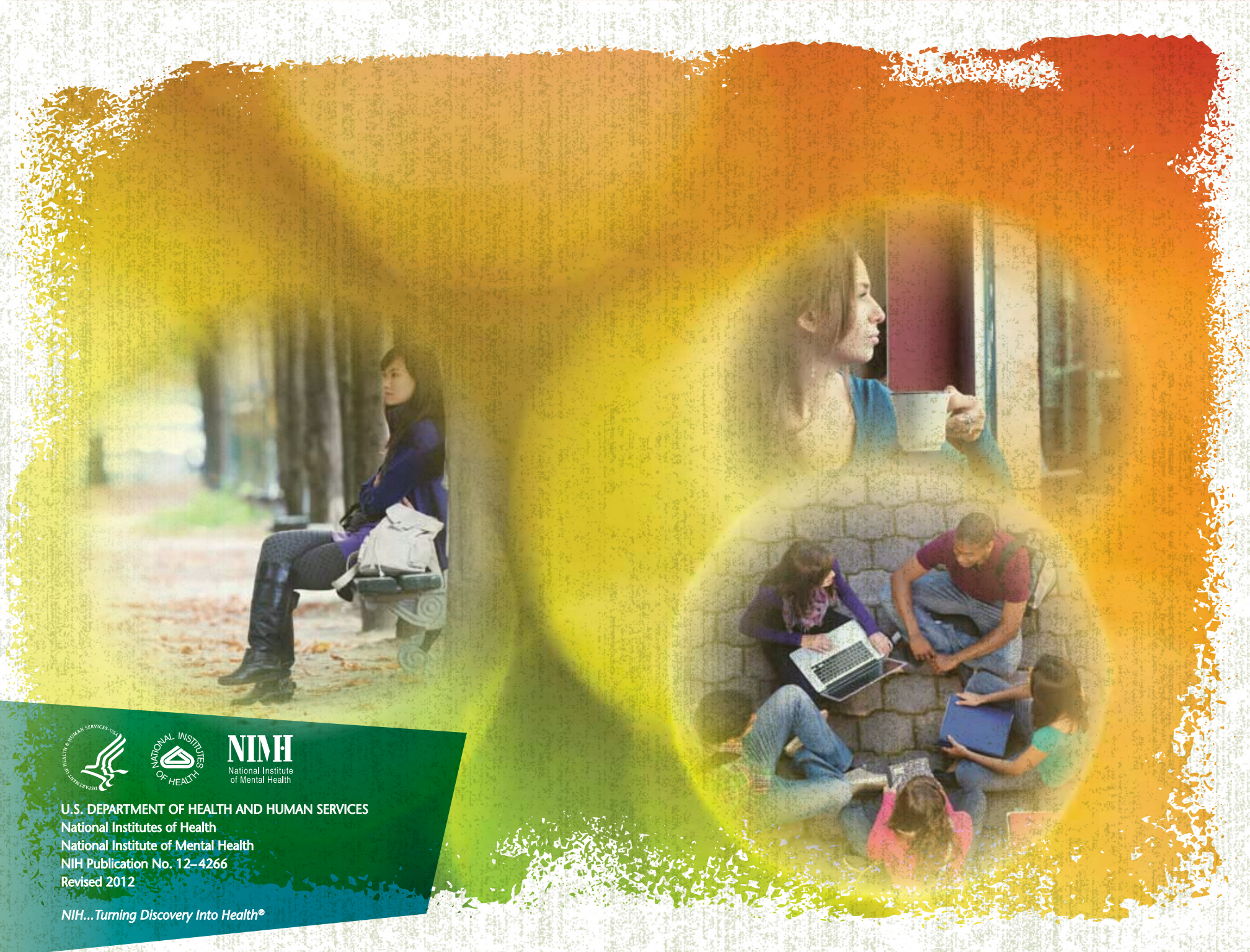
Website: <http://www.nimh.nih.gov>

Reprints

This publication is in the public domain and may be reproduced or copied without permission from NIMH. We encourage you to reproduce it and use it in your efforts to improve public health. Citation of the National Institute of Mental Health as a source is appreciated. However, using government materials inappropriately can raise legal or ethical concerns, so we ask you to use these guidelines:

- NIMH does not endorse or recommend any commercial products, processes, or services, and our publications may not be used for advertising or endorsement purposes.
- NIMH does not provide specific medical advice or treatment recommendations or referrals; our materials may not be used in a manner that has the appearance of such information.
- NIMH requests that non-Federal organizations not alter our publications in ways that will jeopardize the integrity and "brand" when using the publication.
- Addition of non-Federal Government logos and website links may not have the appearance of NIMH endorsement of any specific commercial products or services or medical treatments or services.
- Images used in publications are of models and are used for illustrative purposes only. Use of some images is restricted.

If you have questions regarding these guidelines and use of NIMH publications, please contact the NIMH Information Resource Center at 1-866-615-6464 or e-mail at nimhinfo@nih.gov.



NIH
National Institute
of Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Institute of Mental Health
NIH Publication No. 12-4266
Revised 2012

NIH...Turning Discovery Into Health®