

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.

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 2009, 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 nearly 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 It is not uncommon for students who have depression to self-medicate with street drugs.

Depression is also a major risk factor for suicide.⁶ Better diagnosis and treatment of depression can help reduce suicide rates among college students. In the Fall 2009 ACHA-NCHA survey, about 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 24.⁷ 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**. Symptoms of minor depression are similar to major depression and dysthymia, but they 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.



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 sleep, 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:^{8,9}

- 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. 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 often used to treat 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.
- 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. Discuss decisions with others whom you trust and who know you well.

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.

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.

Citations

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For more information on depression

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<http://medlineplus.gov>

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