

Download our Adult Depression Fact Sheet for an overview of depression (<https://bit.ly/3ToGxIj>). FFDA does not endorse any particular treatment or brand of medication. Consult with your healthcare provider about options.

It can be challenging to find an effective treatment for depression. Talk therapy and lifestyle changes may be enough to resolve the symptoms of mild depression. Most people with major depressive disorder (MDD) experience reduced symptoms and return to functionality after trying one or two antidepressant medications. Even so, about one-third of depression cases have not been adequately treated after two courses of medication. For them, other medications and other treatments can usually help.

Why Treat Depression?

Depression may affect a person's ability to think clearly, be motivated, function well, have self-esteem, engage in relationships, and feel like life is worth living. Timely, effective treatment will help your loved one recover and reclaim all or much of what their life was like prior to their depression. In addition to alleviating suffering, treatment reduces the likelihood that your loved one will attempt suicide.

Understanding Treatment Options

There are various ways to treat depression. There are also options for the type of provider and setting where depression treatment takes place. Note that some terminology may vary state to state.

Shared Decision Making

For a depression treatment plan to be effective, it must be followed. And for a treatment plan to be followed, it needs to be the right fit for the person it's meant to treat. Learn about shared decision making to support your loved one's treatment decisions.

<https://www.familyaware.org/why-you-deserve-shared-decision-making/>

Treatment Settings or Levels of Care

- For many people, depression treatment will occur in a mental health or medical provider's office or through one-on-one telehealth appointments. This is **routine outpatient care**. It is the least intensive and least restrictive treatment setting for a person living with depression. Outpatient care includes treatment like therapy (individual, couple, or family), medication evaluation and management, and group therapy.
- When outpatient care does not alleviate symptoms of depression, a person might participate in an **intensive outpatient program**. These concentrated, time-limited programs generally involve individual and group therapy (sometimes family therapy). They also often provide skills-building activities to bolster a person's stress management and coping skills. The person does not stay overnight.
- **Partial hospitalization** is similar to an intensive outpatient program (in some places, they are the same). Partial hospitalization is more likely to involve a psychiatrist to prescribe or adjust medications. This setting may be a better option for someone who has not found relief through lower levels of care, is at risk of being admitted to a hospital for 24-hour care, or is transitioning ("stepping down") from being treated in a more intensive setting.
- People who need 24-hour care, such as if they are dealing with intense suicidal thinking or behaviors, are a danger to themselves or others, or are experiencing mania or psychosis, may be treated in **acute inpatient care or inpatient hospitalization**. Inpatient care is generally for a short time (1 to 4 days). Sometimes this period is long enough to stabilize the person, but sometimes a person is discharged because they have reached the insurance company's coverage limit.
- **Inpatient residential** can be a short-term placement (1-3 months) for individuals who have tried and not achieved adequate outcomes through other treatment levels. The goal is for people to regain stability and return to their community. When a person is ready and willing to participate in treatment, medically stable, and not a danger to themselves or others, inpatient residential care may be appropriate.
- For persistent or severe cases of depression, you might explore options with your state department of mental health.

Check out our insurance coverage webinar at <https://familyaware.org/insurancewebinar> and Becky and Joe's story at <https://www.familyaware.org/becky-and-joe/>

Types of Providers

Several types of providers may be involved in your loved one's mental health care. Many are trained to conduct mental health evaluations and make a diagnosis. One key distinction among mental health providers is whether or not they can prescribe medication.

Only psychiatrists (MDs), psychiatric nurse practitioners (PMHNPs), and physician assistants (PAs, though only in some states) have expertise in psychopharmacology (prescribing psychiatric medications). While some provide therapy, their primary function is medication management.

Several different types of professionals provide talk therapy services, such as licensed social workers (LCSW or LICSW), psychologists (PhD or PsyD), marriage and family therapists (LMFT), mental health counselors (LMHC), or professional counselors (LPC). Pastoral counselors are clergy members trained to diagnose mental health conditions (if certified or licensed) and provide counseling.

A treatment team might also include a case manager for developing and adjusting your loved one's treatment plan. The case manager can help identify and access community resources.

A Certified Peer Specialist is a person with lived experience who has been trained to provide support, guidance, and inspiration to others living with a mental health condition.

You might hear about integrated care, which blends mental health services with regular medical services. For example, some primary care practices or health centers have mental health professionals on staff or have a relationship with a mental health practice. This makes it easier for people to access mental health care, from evaluations through treatment.

Your loved one (and you) might benefit from participation in a support group for others in similar situations. Also, a community clubhouse offers support, connectedness, and resources to people who live with mental health conditions.

Mental Health Therapy

Talk therapy for depression is delivered in different formats:

- individual (the person with depression and a therapist)
- group (more than one person with depression and a therapist)
- couples or marital (spouses/partners with a therapist)
- family (multiple family members with a therapist).

There are several types of therapy for treating depression. One of the most widely used is cognitive behavioral therapy (referred to as CBT). While some therapists focus on one particular type of therapy, many draw from multiple approaches to meet the needs of their clients.

In addition to "talk therapy," other approaches may be a good fit. These include art or music therapy, equine or other animal-assisted therapy, and wilderness therapy. Some studies have examined the effectiveness of these therapies but most have not generally undergone the same rigorous research as more established approaches. If a person does not want to go to conventional talk therapy, one of these may be a good way to get them into treatment or it just might be a better fit that meets their needs. As with medication, therapy does not have to be a lifelong commitment.

Primary care providers (PCPs) issue about two-thirds of antidepressant prescriptions. This entry into mental health care helps people address their depression sooner than they would if they had to wait for an appointment with a specialist. More than half of people find that their symptoms resolve from their first antidepressant. A PCP is usually comfortable prescribing the first and sometimes the second antidepressant. People who do not find adequate relief should get an appointment with a psychiatrist or psychiatric nurse practitioner. **Talk to your PCP about their ability to provide referrals.**

Medication

Antidepressant medication is generally recommended as part of treatment for people with moderate to severe depression. Many people have fears and misconceptions about psychiatric medications. Some of the reasons that people are reluctant to start medication treatment include

- they don't want to admit that they need treatment
- they don't want to be considered "crazy"
- they are concerned that the medications will be ineffective or they will have negative side effects
- they think they will have to be on medication for their lifetime
- they don't believe they are worth getting treatment or they don't see a reason to live.

By educating themselves, being compassionate, and offering hope, caregivers can gently support their loved ones in addressing these various concerns.

Antidepressants generally take time to work. Some people experience a reduction of symptoms in 1-2 weeks but it is much more common for people to respond within 4-6 weeks. Some people may not see improvement until as long as 12 weeks. If your loved one's symptoms are worsening, support them in contacting their prescriber. It's worth a discussion with the provider to consider adjusting or changing the medication.

Learn more at familyaware.org and in our publications, including **Helping Someone Living with Depression or Bipolar Disorder: A Handbook for Families and Caregivers**.

Types of Medication

There are five main classes of antidepressant medications, though only three are commonly used. They differ in the way that they act on the brain. Medications in all of these classes have been researched, tested, and approved by the U.S. Food and Drug Administration (FDA). It is not known which type of medication will work for a particular person. (Your loved one's provider may utilize genetic testing to better understand how their genes may affect medication outcomes.) It's important to understand the potential side effects and your loved one's priorities and preferences for treatment.

- **Selective serotonin reuptake inhibitors (SSRIs)** are often the first type of medication prescribed for depression. Fluoxetine, sertraline, paroxetine, citalopram, and escitalopram are SSRIs. These medications are often effective as a first-line treatment while having the fewest side effects among the classes of antidepressants.
- **Serotonin and norepinephrine reuptake inhibitors (SNRIs)** are often the second type of medication prescribed. Medications in this class include duloxetine, venlafaxine, desvenlafaxine, and levomilnacipran.
- **Atypical antidepressants** don't match the treatment mechanisms of the other classes. They are lumped together in this category even though they don't necessarily have anything in common. Medications in this class include trazodone, mirtazapine, vortioxetine, vilazodone, and bupropion.

Medications other than antidepressants are used to treat depression, usually in addition to one or more antidepressants. These might include, for example, anti-anxiety drugs and antipsychotic medications. Being prescribed these types of medications doesn't necessarily mean that the person is experiencing anxiety or psychosis. Instead, the combinations of medications have shown to benefit people whose depression is not responding to a single antidepressant.

In 2019, the FDA approved a form of ketamine (esketamine) for use in cases of treatment-resistant depression and a drug (brexanolone) specifically for treatment of postpartum depression. Ketamine is not FDA-approved for treatment of depression but it is currently being researched for people with treatment-resistant depression and people dealing with suicidal thoughts.

There are two older classes of medications, generally prescribed when other medications have not resolved a person's depression.

- Tricyclic antidepressants tend to have more side effects than newer medications.
- Monoamine oxidase inhibitors (MAOIs) can have serious side effects and dangerous interactions with other medications (including SSRIs), supplements, and food.

Other Non-Medication Interventions

Depression usually responds to treatment by medication, sometimes with and sometimes without therapy. However, there are people for whom prescription medicines and therapy do not adequately treat their depression. Device-based treatments that stimulate parts of the brain can be helpful. These include

- repetitive transcranial magnetic stimulation (rTMS)
- electroconvulsive therapy (ECT)
- magnetic seizure therapy (MST)
- deep brain stimulation (DBS)
- vagus nerve stimulation (VNS).

Understand your loved one's preferences and priorities in medication treatment so you can support them in making treatment decisions that fit them and increase the likelihood of treatment success.

Side Effects

Fears of and prior experience with side effects can inhibit a person from getting depression treatment. Medication side effects can include dry mouth, headache, gastrointestinal issues, fatigue, problems sleeping, brain “fogginess,” weight gain, and decreased sex drive. The most common side effects of brain stimulation treatments are head, stomach, or muscular aches and memory loss. Because VNS requires surgical implantation of a device in the body, potential side effects may include infection, headaches, and pricking of the skin. Generally speaking, with medication or device-based treatment, having one or more side effects is common but usually manageable.

Clinical Trials

Unfortunately, not every person's depression has an adequate response to the treatments available. That doesn't mean all hope is lost. Thanks to researchers across the country, there are always clinical trials to test how depression responds to new treatments. Visit clinicaltrials.gov to learn more.

Learn about practical ways to help yourself and others with our FREE WEBINARS for caregivers! We cover topics like stress and depression in adults, teen mental health, issues in getting care, and ways to address workplace mental health. Find them at <https://www.familyaware.org/resources/webinars/>.

Paying for mental health care can be expensive. Understand what's covered and ways to pay through our **Health Insurance Playlist** at <https://www.familyaware.org/caregiving/paying-for-care/>

Caregiver stress is a real problem. Check your stress level and learn ways to manage your stress! Access the **Caregiver Stress Test** and more tools at <https://www.familyaware.org/resources/online-tests-and-tools/>

If you're thinking about suicide, are worried about a friend or loved one, or would like emotional support, call or text 988 to reach the 988 Suicide & Crisis Lifeline, or chat online at www.988lifeline.org.

Language translation is available. TTY users: use your preferred relay service or dial 711 then 988.

These services can also provide immediate help 24/7/365.

- Crisis Text Line, text HOME to 741 741
- Veterans' Crisis Line, call 988, then press “1”
- The Trevor Project for LGBTQ Youth, call 1-866-488-7386 or text START to 678 678
- The Trans Lifeline for transgender people and caregivers, call 1-866-488-7386