Electroconvulsive Therapy (ECT). ECT is a highly effective treatment for severe depression episodes and for severe depression with psychosis when medication and psychotherapy are not effective in treating severe symptoms. ECT may also be considered if a person experiences acute psychosis or thoughts of suicide and cannot take antidepressants. Memory problems can follow ECT treatments, so a careful risk-benefit assessment needs to be made for this intervention.

Other forms of treatment have been successful either combined with the more traditional treatments or alone. These include: transcranial magnetic stimulation (TMS), aerobic exercise and complementary and alternative medicine.

As devastating as this disease may be, it is very treatable in most people. Today the availability of treatment and a better understanding of depression can lead to recovery and a productive life.

How to Get Help

No insurance? Call the NAMI Southern Arizona office to help guide you to access mental health services.

If you have depression:

- Seek medical care through a psychiatrist and/or your primary care physician.
- Find the right combination of treatment that works for you which may include medication, therapy, support groups, etc. *Sometimes people must try several different treatments or combinations of treatment before they find the one that works for them.*
- Take NAMI’s Peer-to-Peer course and/or join the NAMI Connection support group.
- LEARN about your illness. The more you know, the more you are able to help yourself. Start with NAMI today!

If you are a family member with a loved one who has mental illness:

- Take care of yourself.
- Take NAMI’s Family-to-Family course, join a Family & Friends Support Group and/or take NAMI Basics if you have a loved one who is a child or adolescent.
- Family, friends and partners of military service members and veterans can take NAMI’s Homefront course.
- Learn about your loved one’s illness.

Recovery

Recovery does not mean that the illness has gone into complete remission. Over time, and after what for many can be a long and difficult process, individuals can come to terms with their illness by first learning to accept it and then moving beyond it. This includes learning coping mechanisms, believing in themselves as individuals by learning their strengths as well as their limitations, and coming to realize that they do have the capacity to find purpose and enjoyment in their lives in spite of their illness. **RECOVERY IS POSSIBLE!**
Depression

Each year depression affects 5-8 percent of adults in the United States. This means that about 25 million Americans will have an episode of major depression this year alone. Depression occurs 70 percent more frequently in women than in men for reasons that are not fully understood. Without treatment, the frequency and severity of these symptoms tend to increase over time.

What is major depression?
The normal human emotion we sometimes call “depression” is a common response to a loss, failure or disappointment. Major depression is different. It is a serious emotional and biological disease that affects one’s thoughts, feelings, behavior, mood and physical health. Depression is a life-long condition in which periods of wellness alternate with recurrences of illness and may require long-term treatment to keep symptoms from returning.

Major depression is also known as clinical depression, major depressive illness, major affective disorder and unipolar mood disorder.

Left untreated, depression can lead to serious impairment in daily functioning and even suicide, which is the 10th leading cause of death in the U.S. Researchers believe that more than one-half of people who die by suicide are experiencing depression. Devastating as this disease may be, it is treatable in most people. The availability of effective treatments and a better understanding of the biological basis for depression may lessen the barriers that can prevent early detection and accurate diagnosis.

Getting an accurate diagnosis is important. First, rule out other possible medical conditions that mimic depression, such as hypothyroidism (underactive thyroid), complications from substance abuse or dependence, infectious diseases, anemia and certain neurological disorders.

All age groups and all racial, ethnic and socioeconomic groups can experience depression. Some individuals may only have one episode of depression in a lifetime, but often people have recurrent episodes. If untreated, episodes commonly last anywhere from a few months to many years. An estimated 25 million American adults are affected by major depression in a given year, but only one-half ever receive treatment.

What are the symptoms of major depression and how is it diagnosed?
Depression can be difficult to detect from the outside looking in, but for those who experience major depression, it is disruptive in a multitude of ways and usually represents a significant change in how a person functions. Depression causes changes in people in the following key areas:

- **Changes in sleep.** Some people experience difficulty in falling or staying asleep at night. Some awaken earlier than desired, and other people sleep excessively.
- **Changes in appetite.** Changes can mean either weight gain or weight loss.
- **Poor concentration.** The inability to concentrate and/or make decisions is a serious aspect of depression. Some people during episodes of severe depression find following the thread of a simple newspaper article to be extremely difficult.
- **Loss of energy.** The loss of energy and fatigue often affects people living with depression. Mental speed and activity are usually reduced, as is the ability to perform normal daily routines.
- **Lack of interest.** During episodes of depression, people feel sad and lose interest in usual activities.
- **Low self-esteem.** During periods of depression, people dwell on memories of losses or failures and feel excessive guilt and helplessness.
- **Hopelessness or guilt.** The symptoms of depression often produce a strong feeling of hopelessness or a belief that nothing will ever improve. These feelings can lead to thoughts of suicide.
- **Movement changes.** People may literally look “slowed down” or activated and agitated.

Mental healthcare professionals use the criteria for depression in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) to develop a diagnosis. The following are the DSM-5’s criteria for a major depressive episode (which lasts longer than two weeks):

- **Depressed mood**
- **Reduced interest in activities**
- **Changes in appetite**
- **Sleep disturbances**
- **Feeling agitated or slowed down**
- **Feeling worthless or excessively guilty**
- **Difficulty thinking, concentrating, or making decisions**
- **Suicidal thoughts or intention**

What treatments are available?
Although depression can be a devastating illness, it often responds to treatment. The key is to get a specific evaluation and a treatment plan.

There are three well-established types of treatment for depression:

- **Medications.** Medications often effectively control the serious symptoms of depression. It often takes two to four weeks for antidepressant medications to have their full effect.
- **Psychotherapy.** There are several types of psychotherapy that have been shown to be effective for depression, including cognitive behavioral therapy (CBT) and interpersonal therapy (IPT). In general, these two types of therapies are short-term; treatments usually last only 10 to 20 weeks. Support groups offer opportunities to share frustrations and successes, referrals to specialists and community resources and information about what works best when trying to recover.