



Managing your depression

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H E A L T H C A R E

Depression Can Be Challenging

Univera Healthcare hopes this booklet will help you understand your condition better and allow you to be as healthy as you can be. Please feel free to contact us at any time if you have questions about your health and wellness. We have behavioral health case managers as well as other health care professionals such as nurses, social workers, and pharmacists, who can answer your questions.

Please call the Univera Healthcare Case Management toll-free at 1-877-222-1240 (TTY 711) between 8 a.m. and 5 p.m. Eastern time.

If we are not available when you call, please leave your preferred phone number and the best time to call you.

Thank you.

The Univera Healthcare Case Management Team

This depression booklet does not replace the advice or recommendations of your health care provider.

Emergency Assistance

If you or a loved one are experiencing an emergency call 911 or go to the nearest emergency room.

National Suicide Prevention Lifeline

We can all help prevent suicide.

Lifeline provides 24/7, free and confidential support for people in suicidal crisis or emotional distress, prevention and crisis resources for you or your loved ones.



Call or text 988* or call 1-800-273-8255
(language assistance is available)

Lifeline calls are free and confidential, and available 24/7.

*988 may not be available in every state

When you call the Lifeline you will hear an automated message featuring additional options while your call is routed to your local Lifeline network crisis center.

A trained crisis worker at your local center will answer the phone.

You may hear a little music while they connect you with a skilled, trained crisis worker.

This person will listen to you, understand how your problem is affecting you, provide support, and get you the help you need.

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What is depression



Depression is a common condition that is seen in all ages, genders, and races. On average, 9.5% of American adults over the age of 18 will suffer from some form of depression every year. Depression can make you feel hopeless and alone. These feelings can make it hard to do the things you would normally do. Unfair beliefs connected with mental illness may make you fearful or slow to seek treatment for depression.

Depression is an illness that involves your brain and can be treated. It impacts your thoughts, mood, and affects the way you think, feel, and act. Worrying about things like how much money you make, how much schooling you've had, having enough food or a safe place to live can cause changes in your brain that may lead to depression. Your daily life may become harder and you may have feelings of ongoing sadness that can cause you or others around you pain. It's different from normal feelings of grief or sadness. In addition to sadness, you might lose interest in the things you like to do. Depression may make you:

- Withdraw from others, even those who support you
- Have low to little energy, which impacts how you take care of yourself
- Feel that you don't have hope about the future, and it may cause thoughts of self-harm or suicide

Depression can be treated. If you feel you are having signs of depression, seek out health care to start healing your mind, body, and soul. There are people who understand and want to help. Do not wait. Get the help you need today.

What causes depression

Depression is not a condition that has one cause. It can happen for many reasons and have many triggers. Most of the time, depression doesn't happen quickly or suddenly. Below are some main causes or triggers of depression.

Biology/Brain Chemistry: A natural cause of depression is an imbalance of the chemicals in the brain that control mood, called neurotransmitters. When certain neurotransmitters have difficulty moving to other areas of the brain, it may lead to symptoms of depression.

Hormones: Hormonal changes may play a role in depression. Some of these hormonal changes may occur during pregnancy and menopause. Changes in thyroid hormone levels may also cause symptoms of depression.

Trauma and Stress: Some events affect the way your body reacts to fear and stressful times. When a person is stressed due to trauma or other events, the body responds by making high levels of the hormone cortisol. This can impact one of our brain chemicals (neurotransmitter called serotonin) and lead to depression.

Physical Illness/Medical Conditions: The body and mind are closely linked. Physical health problems may greatly impact your mental health. Certain conditions may put you at higher risk, such as chronic illness, insomnia (lack of sleep), chronic pain, Parkinson's disease, stroke, heart attack, and cancer. People who feel too many emotions at once or have chronic physical pain for a long time, are more likely to start seeing signs of depression.

Substance Use: Drugs and alcohol may lead to forms of depressive disorders. Ongoing drug and alcohol use can change the brain's chemistry. Many drugs release dopamine and serotonin in the brain, making it hard for the brain to create these chemicals on its own.

Medications: Depression may occur in people who have been taking certain medicines such as anticonvulsants, statins, stimulants, benzodiazepines, corticosteroids, hormonal birth control, and beta-blockers. If you have questions about your medications talk to your healthcare provider.

Work and Life Hurdles: Having to deal with hard times is often linked with higher levels of depression. Ongoing life events, stress, and/or not having a support system can put you at risk. Problems with access to good health care or limited health coverage can also put you at greater risk for depression.

Grief and Loss: Grief is a normal response to loss. Examples of this are a loss of a loved one, a relationship, a baby, a job, a pet, a way of life, etc. Grief can cause changes in your emotions (lonely, angry) and your physical health (tired, chronic pain). Grief can also cause changes in your everyday life, such as not wanting to be around people or not feeling connected with your beliefs. You may find over time that grief feels less intense and less frequent. Grief and loss should never be ignored. Let yourself feel the sadness and pain. Ways to help manage grief and loss can include sticking to a routine, getting enough rest, and getting some type of exercise like walking. Talking about your loss with family and friends or with a trained mental health provider may be helpful. Grief support groups can also be helpful for some.

Grief and depression can look the same, but there are important differences. Keep in mind you can feel grief and have depression at the same time. To be diagnosed with depression a person must have certain symptoms. These symptoms include feeling little interest or pleasure in doing things, feeling hopeless, worthless or having thoughts of hurting yourself. If you find that you or a loved one are having these symptoms of depression, talk to your physician or a mental health provider and get help right away.



Symptoms of depression

Signs and symptoms of depression include a mix of emotional and behavioral changes which impact your daily life. Symptoms of depression may vary based on your age and the degree of your depression. Young children often have a hard time talking about their thoughts and feelings to others because they don't know the words to use. Instead, children show signs of being depressed through certain actions and behaviors. For teenagers and adults, it may be difficult to tell the difference between 'normal sadness' and depression. This booklet will explain some common signs and symptoms for specific ages and types of depression.

How depression affects different people



Early childhood depression

Young children often are not able to talk about their feelings and emotions. This makes it hard to know if a child has a mental health concern. But children often show various behaviors and symptoms that mean they could have a mental health disorder such as depression. Symptoms of depression in early childhood may include sadness that doesn't go away, not playing with others, unable to soothe, crying and screaming outbursts, hard time sleeping, changes in eating habits, unable to concentrate, frequent headaches/stomach aches, etc. These symptoms and behaviors often differ depending on the child's developmental age. Many depressive symptoms/behaviors in children become known when children start having trouble in school or getting along with others.

If you have concerns with your child's mental health or symptoms/behaviors that you are seeing, consult with your child's pediatrician. It may also be helpful to speak with your child's daycare provider, teacher, school counselor, and other family members. They may have further details about your child's behaviors and symptoms when they are not at home. Your child's pediatrician may refer you and your child to a mental health specialist. A mental health specialist will provide care that is right for your child's mental health needs.



Adolescent/teen depression

Adolescent depression is a mental health concern. It can impact the way teens act, think, and feel. Depression in adolescence can affect how a teen relates with others, how they handle their emotions, and their physical health. Symptoms of depression, may appear different for teenagers than children and adults. As teenagers are adjusting to this stage of life they are dealing with things like school, stress, puberty, peer pressure, etc. Many teenagers have sadness in response to such stressors. For some teens this sadness is a symptom of depression. It is often hard to tell the difference between sadness and depression at this age. Symptoms/behaviors of depression in teens may include:

- sadness that doesn't go away
- feeling tearful or crying a lot, feeling hopeless
- having low self-esteem, trouble concentrating
- not wanting to be around friends
- poor hygiene (bathing, clean clothes, etc.)
- behavior outbursts
- occasional thoughts of suicide/dying/death, etc.
- loss of interest in things they like to do, low energy

Talk to your teen if you notice signs and symptoms of depression. Ask about how they are feeling. Explain that these feelings can be a normal part of being a teenager, but also be sure to ask if they are having any safety concerns. If your teen is having thoughts of hurting themselves or others get them help right away. Encourage them to talk to their pediatrician or school counselor with you regarding their feelings and/or symptoms of depression. They may refer your teenager for mental health counseling and/or further evaluation.



Depression and older adults

Depression in older adults may look different than in people who are younger. It may be hard to see, as sadness may not be the main symptom that you notice. Instead, older adults may have feelings of numbness or a lack of desire in doing things. As people age, they often spend more time alone. National Institute on Aging studies show that being lonely and not being around others can be linked to higher rates of depression.

Other factors that can lead to depression in older adults include sleep problems, lack of exercise or movement, and having limits on the things they used to be able to do on a daily basis. Depression that happens later in life can be linked to a higher risk of sickness, decreased function with thinking and physical health, not taking care of themselves, and increased risk of suicide. Medications may also impact older adults. Older adults have body changes that can affect the way medicines are absorbed and used. Be certain to note how prescribed medications may affect the older adult. Medications are not the only source of treatment for depression in older adults. Both psychotherapy and medications remain good options for treatment of depression among older adults.

Depression is also common in people with Alzheimer's disease and dementia. Symptoms of Alzheimer's disease and dementia can have the same symptoms as depression. Suicide attempts may increase in someone who has just been told they have dementia. Older adults should stay well connected to their doctor to manage their symptoms. Besides seeing a doctor, support systems are very important to have in place to help cope with dementia and/or depression.

Sources: National Institute on Aging, National Institute on Health



Depression in women

Women may have symptoms of depression for many reasons. Women are more likely to have depression if they have family members with depression. Increased stress caused by such things as trauma, loss, an unsafe home life or caring for others, may also add to depression. Women are also more likely to have depression if they have changes in certain brain chemical levels or hormone changes related to menstruation, childbirth, and menopause. Women having depression (along with other symptoms) prior to menstruation may have what's known as Premenstrual Syndrome. If symptoms are more severe, it may be diagnosed as Premenstrual Dysphoric Disorder. Due to hormonal changes around menopause, women also have a higher risk of depression during this time.

Women may struggle with low mood, no energy, not wanting to do things, changes in eating and sleeping habits, or lack of focus. If left untreated, this can lead to thoughts of suicide. Women experiencing these symptoms should contact their health care provider right away.



Depression in men

Men as well as women can have depression. Men's risk factors for depression can be for many reasons such as a family history, stress, or illness. Depression does not affect men at certain ages or phases in their life; it can start at any age. Men with depression may appear tense, be harsh to others, act angry, overeat, not sleep well, and not want to do much of anything. Depression can result in physical symptoms such as headaches, and stomach issues. Men are more likely to seek medical care for a physical symptom than emotional symptoms such as those linked to depression. This doesn't mean that men don't need or won't benefit from seeking care for their depression. If men are having symptoms of depression they should not wait to connect with their health care provider.

Depression and other medical conditions

A chronic disease is a medical condition that lasts one year or longer, that needs medical care, and/or doesn't allow you to do your daily routine. Depression is known to be a risk factor in chronic medical conditions. The Patient Health Questionnaire (PHQ-2) is often used to screen for depression. If you have a chronic medical condition your health care provider may screen you for depression. Depression is seen more in people with a chronic medical condition, as these conditions may make it harder to take good care of your health. Having many health conditions can be tough, so staying in touch with your care team is important. Examples of health conditions that have a higher risk of depression include:

- Alzheimer's disease
- Autoimmune diseases, including systemic lupus erythematosus, rheumatoid arthritis, and psoriasis
- Cancer
- Coronary heart disease
- Diabetes
- Epilepsy
- HIV/AIDS
- Hypothyroidism
- Multiple sclerosis
- Parkinson's disease
- Stroke

Types of depression

There are many types of depression. Events in your life can cause some types of depression, and chemical changes in your brain can cause others.

No matter what the cause, your first step is to let your health care provider know how you're feeling. They may refer you to a mental health specialist to help figure out the type of depression you have. The right diagnosis decides the right treatment for you. Explained below are some common types of depression.

Postpartum depression vs baby blues

Postpartum depression is a serious illness that can impact you from the time of childbirth or anytime in the year after birth. It can occur after a delivery, loss of pregnancy and stillbirth. Postpartum depression can make you feel sad, hopeless, and unworthy.



Postpartum depression seems to be brought on by the changes in hormone levels that occur after pregnancy. Any woman can get postpartum depression in the months after childbirth, miscarriage, or stillbirth. You have a greater chance of getting postpartum depression if:

- You have a history of depression
- You have a sick or fussy baby
- You have poor support from your partner, friends, or family
- You have a lot of other stress in your life

Postpartum depression is different from “baby blues,” which can occur after childbirth. With the “baby blues,” you may have trouble sleeping and feel moody, teary, and overwhelmed. You may have these feelings along with being happy about your baby. But the “baby blues” usually go away within a couple of weeks. With postpartum depression, the symptoms can last longer, sometimes months. Postpartum symptoms include:

- Feeling very sad, hopeless, or anxious
- Showing too much or not enough concern for your baby
- Finding little or no pleasure in everyday things
- Having trouble sleeping
- Feeling moody/ angry and overwhelmed
- Not being able to concentrate
- Loss in appetite, loss of weight, loss of interest in caring for yourself, frequent crying episodes

Those that have postpartum depression may experience symptoms of postpartum psychosis. You are more likely to get postpartum psychosis if you or someone in your family has any serious mental health issue (bipolar disorder, schizophrenia). Postpartum psychosis is a life-threatening medical emergency. Symptoms of post-partum psychosis come on much faster and are more severe. Symptoms can include:

- Hallucinations
- Feeling fearful and afraid
- Feeling “high” (fast talking and feeling “on top of the world”)
- Feeling restless and confused
- Thoughts of hurting yourself, others, or the baby

If you experience these symptoms seek medical care right away.

Postpartum depression is treated with mental health counseling and antidepressant medicines. Women with milder depression may be able to get better with mental health counseling alone. But many women need mental health counseling and medicine. Some antidepressants are safe for women who breastfeed. Be sure to let your health care provider know you are breastfeeding.

Tell your health care provider about any feelings of “baby blues” or symptoms of postpartum depression. Your health care provider will want to follow up with you to see how you are feeling. If you are having worries for the safety of your child or fears that you might harm your child, tell your health care provider right away. If you think you can’t keep from hurting yourself, your baby, or someone else, see your health care provider right away or call 911 for emergency medical care.

Please refer to page 16 and 17 for a list of support resources. Feel free to use the supports you feel would be best for you.

Seasonal affective disorder, or SAD

Seasonal affective disorder, or SAD, is a type of depression that occurs during the same season each year. It is sometimes called winter depression or seasonal depression. This can be due to shorter days and less sunshine and cold winter months when the sun goes down earlier. The risk of getting seasonal affective disorder for the first time goes down as you age. Anyone can get seasonal affective disorder, but it's more common in:

- Women
- People who live where winter daylight hours are very short
- People between the ages of 15 and 55
- People who have a close relative with SAD

Treatment for seasonal affective disorder may include Vitamin D, along with spending time outside when the sun is out and using light therapy. The most common light therapy uses a light box. Light therapy is usually prescribed for 30 minutes to two hours a day. You place the light box at a certain distance from you, on a desk or table. Then you sit in front of it while you read, eat breakfast, or work at a computer. Light therapy is usually started in the fall and continued through Spring.



Major depressive disorder

There are many levels of depressive disorders which include major depressive disorder and persistent depressive disorder. Major depressive disorder involves severe levels of symptoms that occur in a 2-week period (or longer). Major depressive disorder symptoms can include depressed mood most of the day, nearly every day, decreased interest or pleasure in doing things, large changes in weight (gain or loss), increased or decreased sleep, feeling tired a lot, feeling on edge, feeling worthless/hopeless, problems focusing, and/or having recurrent thoughts of suicide/death. Major depressive disorder is common but is also serious, and most often requires treatment with medication, psychotherapy, or both to manage your symptoms.

Persistent depression

Persistent depressive disorder (also known as dysthymia) is a mild but long-term form of depression. It is defined as having low mood occurring for at least 2 years (1 year in teenagers). One must have at least two of the following symptoms: not eating enough or overeating, sleeping too much or too little, feeling tired a lot of the time, low self-esteem, not able to focus, and feeling hopeless. If you have persistent depressive disorder you may be treated with psychotherapy, medication, or a mix of the two.

Treatment resistant depression

About one-third of people with depression try many types of treatment methods without success. If that's you, you might have treatment resistant depression. There are many reasons your depression might be treatment resistant. For example, you might have other health factors that make your depression hard to treat.

If you're diagnosed with treatment resistant depression, your health care provider might recommend other treatment options instead of using only medicine and therapy. One such treatment is electroconvulsive therapy (ECT). Another such treatment is transcranial magnetic stimulation (TMS). ECT/TMS are sometimes helpful to manage your symptoms when the standard treatment options don't seem to be working.

'Situational' depression

Situational depression is a short-term stress related type of depression. You can have a depressed mood when you're having trouble managing a stressful event in your life, such as a death in your family, a divorce, or losing your job. Your health care provider may call this "stress response syndrome" or adjustment disorder.

Psychotherapy can often help you get through a period of depression that's related to a stressful situation. Treatment with psychotherapy can help you cope better with stressful events.

Bipolar depression

Someone with bipolar depression, which is also sometimes called "manic depression," has mood swings that range from extremes of high energy with an "up" mood to low "depressive" moods. When you're in the low phase, you'll have symptoms of major depression. When you are in the high phase, you'll have symptoms of mania (high mood and energy). Medication can help bring your mood swings under control. Psychotherapy can also help support you and your family in managing your bipolar depression.

You and your health care provider

There are many types of health care providers that work to support you in caring for your depression. Below is a list of health care providers you may work with. Titles and role may vary by state, so you can also always speak to your health care provider to define their role as mental health provider on your care team.



Primary Care Physicians

Primary care physicians and pediatricians can prescribe medication, but you might need to also see someone who is a mental health care provider. Primary care and mental health providers should work side by side in order to put the best treatment plan in place for you.

Family nurse practitioners (FNP) can provide general medical services like those of a primary care physician, based on each state's laws. Like primary care physicians, they can prescribe medication, but you might also need to see someone who works in mental health care. Family nurse practitioners and mental health providers should work together to come up with the best treatment plan for you.

A certified physician assistant (P.A.-C.) practices medicine as a primary care provider working alongside a physician. Physician assistants can specialize in psychiatry. These physician assistants can:

- Diagnose and treat mental health disorders
- Provide mental health counseling
- Educate you on your mental health disorder
- Prescribe medication

Psychiatrist

A psychiatrist is a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) who works strictly in mental health. This type of health care provider may provide mental health treatment to all kinds of people such as children and teens, older adults, or those addicted to drugs or alcohol. A psychiatrist can:

- Diagnose and treat mental health disorders
- Prescribe medication
- Provide psychological counseling, also called psychotherapy

Psychologist

A psychologist's scope of practice includes psychology — a science that deals with thoughts, emotions, and behaviors. A psychologist can have a Doctor of Psychology degree (PsyD) or they may hold a Ph.D in Psychology. A psychologist can:

- Diagnose and treat a number of mental health disorders
- Provide psychological counseling, in one-on-one or group settings
- Prescribe medication only if he or she is licensed to do so
- Work with another provider who can prescribe medication if needed
- Ask questions to review a person's mental health
- Perform psychological (mental and emotional state) review and testing

Psychiatric Mental Health Nurse

A psychiatric-mental health nurse (P.M.H.N.) is a registered nurse (R.N.) with training in mental health. Other types of advanced practice nurses who provide mental health services include a clinical nurse specialist (C.N.S.), a certified nurse practitioner (C.N.P.) or a Doctor of Nursing Practice (D.N.P.). Psychiatric mental health nurses:

- Offer services based on their level of schooling, training, and state law
- Advanced practice nurse may prescribe medication if the state allows

Licensed Clinical Social Worker

If you prefer to see a social worker, look for a licensed clinical social worker (L.C.S.W.) or a licensed independent clinical social worker (L.I.C.S.W.) with training in mental health. These social workers:

- Assess, diagnose, and counsel based on their license and training
- Are not licensed to prescribe medication
- May work with other health care providers who can prescribe medication if needed

Licensed Professional Counselor

Training required for a licensed professional counselor (L.P.C.), licensed clinical professional counselor (L.C.P.C.) may vary by state. In New York, these health care providers are called Licensed Mental Health Counselors (L.M.H.C.). These licensed professional counselors:

- Diagnose and counsel for a range of concerns
- Are not licensed to prescribe medication
- May work with other health care providers who can prescribe medication if needed

Counselors, Clinicians, Therapists

These health care providers have years of training and are well equipped to assess a person's mental health and use a variety of therapy programs. They operate under various job titles including counselor, clinician, or therapist — based on the treatment setting. Working with one of these mental health providers can lead not only to symptom reduction but to better ways of thinking, feeling, and living.

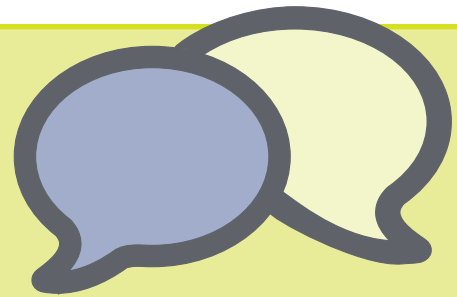
No matter what type of mental health provider you see, being prepared can help you make the most out of your visit. Finding a mental health provider that is a good fit for you supports your success. Do not be afraid to ask questions. This helps ensure you are comfortable with your mental health provider. You can ask questions like:

- How often will we meet?
- What can I expect from therapy?
- How do you see us setting goals and working together?

Tips for success with your mental health provider(s):

- Know that therapy takes time
- Forgot a question. Write it down for next time or call the office if you feel it cannot wait
- To get to know you, your therapist may ask hard questions. You can choose what you feel like sharing at any time
- It is okay to feel anxious or nervous about therapy, but do not let it stop you from getting the care you need
- Try to come to the meeting with your full medical history or have your medical records sent to the provider's office. This will allow your mental health provider to better know your background
- Be aware you may be asked questions like:
 - "What brings you in today?"
 - "How are you doing?"
- Your mental health provider will help you through your feelings
- The mental health provider can work with you to create a care plan. Share your thoughts with them about the plan
- If you do not feel a certain mental health provider is right for you, don't be afraid to discuss your concerns. You can always seek a new mental health provider
- When scheduling your first visit, the provider's office will probably ask you what type of health coverage you have or let you know how much it will cost

We hope this information has been helpful as you go about choosing the right mental health provider(s) for you.



Treatment of depression

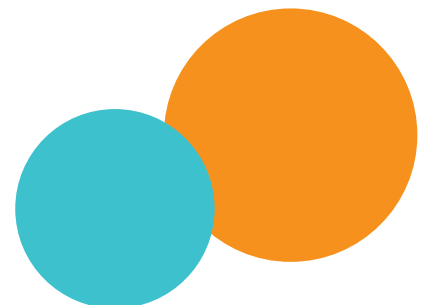
From mild to the most severe all cases of depression can be treated. Most of the time, the earlier you seek treatment the better the results. The most common treatments for depression are medications, psychotherapy often called “talk therapy”, or a mix of both. Your treatment course depends on your symptoms, your medical history, and what you believe will work best for you. You are the most important person in the effort to treat your depression. Talk with your health care provider to decide what treatment is right for you.

One option for treating depression is to take antidepressant medications. Only certain providers are licensed to prescribe medications. Medication helps to balance chemicals in your brain called neurotransmitters. Antidepressants help decrease your symptoms of depression so you can feel better and get back to being more like your old self. There are many types of antidepressant medications. Newer medications have fewer side effects than older medications used to treat depression. Sometimes you need to try more than one kind of antidepressant until you find the one that works for you. It can take up to 4-6 weeks for the antidepressant medication to start working. It can take several months to feel the full effect of the medication. Talk with your health care provider if you have concerns about your medicine and how it is working for you.

Another way to treat depression is psychotherapy. Psychotherapy helps a person be aware of and help change troubling emotions, thoughts, and behaviors. Psychotherapy takes place with a licensed, trained, mental health provider. You can meet one-on-one with your mental health therapist or in a group setting with other patients where the group is led by the mental health specialist. There are different types of psychotherapy like CBT (Cognitive Behavioral Therapy) or IPT (Interpersonal Therapy). All types of psychotherapy can decrease or help to manage your symptoms of depression. This helps you function better and increase your feelings of health and wellbeing. Studies show that using both medicine and psychotherapy is often the most effective way to treat depression.

Medication and/or psychotherapy at times may not work very well. Other types of treatment for depression may then be discussed. Transcranial magnetic stimulation (TMS) is a treatment that stimulates areas of the brain that can help manage depression symptoms. Electroconvulsive therapy (ECT) is also a treatment that may provide relief for treatment resistant depression. ECT stimulates the brain to help relieve symptoms of depression. It can provide effective treatment for someone that has not had success with other treatment options.

Once you begin any of the above treatments, you should slowly start to feel better. If you do find you need help right away, call 911 for emergency services or go to the nearest hospital emergency room. You may need mental health treatment in a hospital. This is the highest level of mental health care and will help you get through a mental health crisis. Partial hospitalization or day treatment programs are other options for care. These programs provide intense treatment to help better manage your mood. Once your symptoms are under control, you will be discharged from the hospital. After discharge, you can return to your previous mental health provider for care. Your mental health provider will continue to work with you to provide ongoing care of your depression. If you were not connected with mental health care prior to going into the hospital, the hospital will set up an appointment for you. This allows you to continue with your mental health treatment after you go home.





Most often you will need professional help from a mental health provider to treat and help you manage your depression. Once you connect with professional care, there are other steps you can take to help you better cope with your depression. Here are a few tips on what you can do to help manage your depression:

- Keep attending your mental health visits. Take your medications, even when you feel better. If you stop treatment, depression symptoms may return.
- Learn about your condition and how best to take care of yourself. Teach your family and friends about your depression so they can help support you.
- Watch out for your warning signs. Work with your health care provider to determine what increases your depressive symptoms. Have a plan in place so you know what to do if your symptoms start to increase. Let family and friends know your warning signs.
- Stay away from alcohol and drugs. These may make you feel better in the short term but can make your symptoms worse and harder to treat. If you are using alcohol or drugs, talk to your provider about how to get help.

Depression can affect the way you eat and your activity level. In addition to the list above eating healthy and moving often can also help you manage your depression. On the next page are key steps you can take in these areas to help you better manage your depression.



Exercise and depression

When you have depression many times you lack the energy to be active. Symptoms of depression often improve with being active and moving on a regular basis. Research has shown that exercise has both mind and body benefits. Exercise can reduce anxiety and help to improve your mood. Routine exercise can also lead to further benefits such as:

- increased confidence
- increased energy and drive
- wanting to be more social
- using healthy coping skills

It is important to note that your level of exercise can change. For example, exercise does not need to include going for a run or lifting weights. It could mean walking daily to your mailbox, moving around throughout the day, cleaning the house, dancing to music, etc. If you do want to begin an exercise routine, be sure to talk with your doctor first.



Appetite and depression

When you have depression, you may see a change in your appetite (level of hunger). You may find that you want to eat more than normal or you want to eat less than normal. Many people with depression don't have the energy to prepare healthy meals. This results in eating less healthy foods, such as fast food. It is important to eat a balanced and varied diet. If you are concerned about your eating or need support with eating healthy, talk to your health care provider. Your health care provider can discuss diet options and may refer you to a registered dietitian.

There may be other things besides diet and exercise that could poorly impact the treatment of your depression such as alcohol use, drug use, and self-harm. If you are a person struggling with any of these along with depression, there are other types of treatment to address each of these. It's important to take care of all aspects of your depression.



Depression and substance use

Depressive disorders and substance use disorders (SUD) often occur at the same time. This is also known as co-occurring disorders or dual diagnosis. As substance use and mental health are often connected, it can be hard to know which issue started first. People who struggle with depression can turn to using substances to help manage symptoms. Others who use substances can often begin to have symptoms of depression and/or other mental health disorders.

People who have co-occurring disorders tend to have more severe symptoms. They also have a higher risk of suicide (thoughts or attempts at taking one's own life) and other mental health conditions than those with depression alone. Due to increased risk of suicide in people who have SUD, it is very important to have a safety plan and to share it with your supports (providers, family, friends).

For those with depression, it may be a bigger struggle to decrease or stop using substances. It may be harder to start SUD treatment due to your symptoms of depression. Treating your depression will help you feel more confident in taking the steps needed to recover from SUD.

There are health care providers who treat both mental health and substance use disorders. Finding care for dual diagnosis that treats each disorder together is important. This combined treatment approach helps you understand your depression and helps with changing your behavior. Dual diagnosis treatment can provide you with skills needed to recover from both disorders. For those who stop using substances, the symptoms of depression can persist an additional 3-6 months. Most often continued treatment for depression may still be needed. It's important to know that recovery from mental health and substance use disorders is possible. For more information on dual diagnosis feel free to access the web location listed below:

Dual Diagnosis – for more information visit:

dualdiagnosis.org/depression-and-addiction/samhsa.gov/find-help/disorders

and/or

findtreatment.gov



Depression and self-harm

Someone with depression may use self-harm to cope with their depression. Self-harm is when someone hurts themselves on purpose. It is important to know that self-harm is not a mental illness but a behavior. The urge to self-harm may be hard to understand. The purpose of the behavior is not to end their lives. It is often an urge someone feels when they are distressed, frustrated or in pain. Self-harm can bring focus to something other than what is causing distress. It can help someone feel control over what's going on. Self-harm is an unsafe coping skill and can lead to lasting injuries/scars. It can also become a habit – a 'go to' way to deal with strong emotions.

Self-harm isn't the same as attempting suicide, but it should be taken seriously. It's important to help treat the strong emotions that can result in self-harming behaviors. Those struggling with self-harm are often more depressed and may have a higher likelihood of suicide. Treatment for self-harm includes psychotherapy (psychodynamic therapy, cognitive behavioral therapy, and dialectical behavioral therapy). Psychotherapy helps treat thoughts of self-harm and strong emotions and is a way to learn safe coping skills. For more information on self-harm and available treatment visit the web location: nami.org/about-mental-illness



Depression and overall health

Managing your depression means taking total care of you:

- eating healthy
- following a regular sleep schedule
- being active
- taking your medication as prescribed

Along with your mental health treatment, there are other ways that may help you cope with your depression. Such activities are:

- massage
- guided imagery
- relaxation exercises
- acupuncture
- journaling
- yoga
- meditation

Lastly, staying connected with your health care provider, community resources, and support services are also ways you can help manage your depression and stay healthy.

Listed below are some National and Local New York State supports you may find helpful.

Support Services

National Support Services

National Alliance on Mental Illness (NAMI)

Call: NAMI HelpLine 1-800-950-NAMI (6264)

NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. The HelpLine is a free, peer support service that provides information, resource referrals and support to people living with a mental health condition, their family members and caregivers, mental health providers, and the public. HelpLine staff are experienced and trained to provide guidance.

For more information, visit: nami.org

Mental Health America (MHA)

Call: 1-703-684-7722 or Toll free 1-800-969-6642

MHA is a national community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promote the overall mental health of all. Services include prevention services, early identification, and intervention for those at risk, along with integrated care services and supports.

For more information, visit: mhanational.org

National Suicide Prevention Hotline

Call: 1-800-273-8255 or 988*

*988 available in NYS but may not be available in every state

United States based suicide prevention network of over 160 crisis centers that provide 24/7 service via a toll-free hotline. It is available to anyone in suicidal crisis or emotional distress. The hotline supports people who call for themselves or someone they care about.

For more information or to chat online, visit: suicidepreventionlifeline.org

Crisis Text Line

Text: HOME to 741741 from anywhere in the United States, anytime.

National organization providing free mental health texting service through confidential crisis intervention via SMS message.

A live, trained crisis counselor receives the text and responds from a secure online platform.

Trans Lifeline

Call: 1-877-565-8860

Peer support and crisis hotline non-profit organization serving transgender people by offering phone support and microgrants. It is the only suicide hotline whose operators are all transgender.

For more information, visit: translifeline.org

Veteran's Crisis Line

Call: 1-800-273-8255 and press 1 OR text 838255

24/7 crisis support for veterans and their loved ones. Connect with the Veterans Crisis Line to reach caring, qualified responders with the Department of Veterans Affairs. Many responders are veterans themselves.

For more information or to chat online, visit: veteranscrisisline.net

Postpartum Support International

Call helpline: 1-800-944-4PPD (4773) for information on treatment, support groups, and resources in the United States and 25 other countries.

Organizational goal is to increase awareness among public and professional communities about the emotional changes that women experience during pregnancy and postpartum.

For more information, visit: postpartum.net

SAMHSA - Substance Abuse and Mental Health Services Administration

Call: 1-800-662-HELP (4357)

National organization that collects information on thousands of state-licensed providers who specialize in treating substance use disorders, addiction, and mental illness.

For more information, visit: samhsa.gov

Health Resources and Service Administration Maternal and Child Health

Call: 1-800-311-BABY (1-800-311-2229). This will connect you to the Health Department in your area code regarding resources for a healthy pregnancy. These resources are a broad range of government supported programs/services available to pregnant women.

These services include a broad range of programs available to pregnant women, mothers, infants, children, and their families including children with special health care needs.

New York State Support Services

New York State Office of Mental Health

NY.gov website that promotes the mental health and wellbeing of all New Yorkers.

Resources and information listed to support recovery of young to older adults receiving treatment for serious mental illness, to support children and families in their social and emotional development and early identification of serious emotional disturbances.

<https://omh.ny.gov/omhweb/bootstrap/consumers-families.html>

Western New York Field Office Phone:

1-716-533-4075

Central New York Field Office Phone:

1-315-426-3930

United Way 211

Call: 2-1-1

Call to obtain free confidential services that helps people across North America find the local resources they need. Available 24/7.

For more information, visit: 211unitedway.org

Office for the Aging

Call: 1-844-697-6321

Call to locate availability of services that enable older New Yorkers to live, work and age in their community.

For more information, visit: aging.ny.gov

New York State Office of Mental Health - Maternal Depression

NY.gov website that promotes the safety and wellbeing of mothers and babies

To contact the Postpartum Resource Center of NY

Mom Line, call: 1-855-631-0001. Available 7 days a week; 9am-5pm

For more information, visit: omh.ny.gov/omhweb/maternal-depression/

Steps to Build a Safety Plan

mysafetyplan.org

- Provides the steps to build a safety plan before a crisis
- Allows you to list and rank your coping strategies
- Allows you to list and rank your sources of support
- Can help identify what triggers your thoughts of suicide and what can help you to feel better/ reduce these thoughts
- Can be updated/changed as needed
- Best if you complete/share the safety plan with your doctor or mental health provider

Common Depression Medications

Medications that may be used to treat depression in adults

Antidepressants work well to treat people that have depression, especially patients who are severely ill and may be at greater risk for suicide. Antidepressants in the United States carry a warning that they are associated with an increased risk of suicidal thinking and behavior. This warning applies to children, teens, and adults age 18 to 24 years during the start of treatment (generally the first one to two months).

General tips for these medications:

- Do not stop or change your medication without speaking to your health care provider.
- Full effect may take at least 2-4 weeks or longer for some of these medications, but you may start to feel better as you continue to take them.
- Not all of medications in each category will have the same effect, so if there are problems with one medication, it is worth talking to your doctor about trying a different medication.
- These medications are not addictive, but the dose is usually decreased slowly over a few weeks before fully stopping.
- Your medical provider or pharmacist should check for possible interactions with any other medications.
- Many of these medications are used for other health problems too.

Medication type	Examples of commonly used medications (list does not include every medication in the class)		How does it work?	Potential common side effects	Tips
	Generic Name	Brand Name			
Selective serotonin reuptake inhibitors (SSRI's)	Fluoxetine Citalopram Escitalopram Sertraline	Prozac Celexa Lexapro Zoloft	By increasing the effect of serotonin, a naturally occurring hormone in the body. This can relieve depression or anxiety.	<ul style="list-style-type: none"> • Nausea • Drowsiness • Insomnia • Nervousness • Dry mouth • Dizziness • Sexual problems 	<ul style="list-style-type: none"> • Side effects tend to be mild and get better with time.
Serotonin-norepinephrine reuptake inhibitors (SNRI's)	Venlafaxine Desvenlafaxine Duloxetine	Effexor Pristiq Cymbalta	By increasing the effects of serotonin and norepinephrine, which are naturally occurring hormones in the body. This can relieve depression or anxiety.	<ul style="list-style-type: none"> • Nausea • Dizziness • Sweating • Dry mouth • Insomnia • Drowsiness 	<ul style="list-style-type: none"> • Full effect may take at least 4 weeks. • Side effects tend to be mild and get better with time. • Using a long-acting release form of the medication will lower any possible side effects.

Medication type	Examples of commonly used medications (list does not include every medication in the class)		How does it work?	Potential common side effects	Tips
	Generic Name	Brand Name			
Serotonin-norepinephrine modulators	Mirtazapine	Remeron	By increasing the effects of serotonin and norepinephrine, which are naturally occurring hormones in the body. This can relieve depression or anxiety.	<ul style="list-style-type: none"> • Dry mouth • Drowsiness • Increase in appetite 	<ul style="list-style-type: none"> • Take your dose at bedtime because of drowsiness.
Dopamine-norepinephrine reuptake inhibitors	Bupropion	Wellbutrin	By increasing the effects of dopamine and norepinephrine, which are natural hormones in the body. This can relieve depression.	<ul style="list-style-type: none"> • Dry mouth • Nausea • Insomnia • Dizziness • Tremor 	<ul style="list-style-type: none"> • Also helpful in patients who want to quit smoking. • Side effects tend to be mild and get better with time. • If you have had seizures in the past, bupropion may not be the best choice for you.
Tricyclic Antidepressants	Amitriptyline Nortriptyline Imipramine Desipramine Doxepin	N/A	By increasing the effect of norepinephrine, a naturally occurring hormone in the body. This can relieve depression.	<ul style="list-style-type: none"> • Drowsiness • Dizziness • Dry mouth • Constipation • Blurry vision • Trouble urinating • Heart problems 	<ul style="list-style-type: none"> • These medications are less commonly used for depression but are considered effective for treating it. • Side effects may be more troublesome than with other classes of medications listed. • If you have had seizures in the past, this class of medication is not the best choice.

References:

1. Rush AJ. Unipolar Major depression in adults: Choosing initial treatment. In: UpToDate. Roy-Byrne PP, Solomon D (Ed), UpToDate, Waltham, MA. (Accessed on December 18, 2021.)
2. American Psychological Association. (2019). Clinical practice guideline for the treatment of depression across three age cohorts. Retrieved from <https://www.apa.org/depression-guideline>.

Medications that may be used to treat children and teens

Antidepressants work well to treat people who have depression, especially patients who are severely ill and may be at greater risk for suicide. All antidepressants in the United States carry a warning that they are associated with an increased risk of suicidal thinking and behavior. This warning applies to children, teens, and adults age 18 to 24 years during the start of treatment (generally the first one to two months).

General tips for these medications:

- There are other anti-depression medications not listed in the chart. Some have been used in children and teens with positive results, but do not have FDA approval in these age groups for use in depression. Some may be FDA approved in children and teens for other reasons.
- Full effect may take at least 2-4 weeks or longer for some of these medications.
- Many of these medications are used for other health problems too.
- Not all of medications in each category will have the same effect, so if there are problems with one medication, it is worth talking to your doctor about trying a different medication.
- These medications are not addictive, but the dose is usually decreased slowly over a few weeks before fully stopping.
- Your child's medical provider or pharmacist should check for possible interactions with any other medications.

Medication type	Examples of commonly used medications (list does not include every medication in the class)		How does it work?	Possible common side effects	Tips
	Generic Name	Brand Name			
Selective serotonin reuptake inhibitors (SSRI's)	Fluoxetine Escitalopram	Prozac Lexapro	By increasing the effect of serotonin, a naturally occurring hormone in the body. This can relieve depression or anxiety.	<ul style="list-style-type: none"> • Nausea • Drowsiness • Insomnia • Nervousness • Dry mouth • Dizziness 	<ul style="list-style-type: none"> • Fluoxetine has been studied for depression in children and teens ages 8 to 18 years old. • Escitalopram has been studied for depression and is FDA approved for children and teens 12 years and older.
Tricyclic Antidepressants	Amitriptyline Nortriptyline Doxepin	N/A	By increasing the effect of norepinephrine, a naturally occurring hormone in the body. This can relieve depression.	<ul style="list-style-type: none"> • Drowsiness • Dizziness • Dry mouth • Constipation • Blurry vision • Trouble urinating • Heart problems 	<ul style="list-style-type: none"> • These medications are less commonly used. • The medications listed in this group are FDA approved for use in children and teens ages 12 years and older. • If you have had seizures in the past, this class of medication is not the best choice.

References:

1. Emslie GJ, et al. AACAP workgroup. Depression: Parents' Medication Guide. American Academy of Child and Adolescent Psychiatry. 2018, p8-13.
2. American Psychological Association. (2019). Clinical practice guideline for the treatment of depression across three age cohorts. Retrieved from <https://www.apa.org/depression-guideline>.
3. Moreland CS, Bonin L. Pediatric unipolar depression and pharmacotherapy: Choosing a medication. In: Up-to-date. Brent D, Blake D, Solomon D (Ed.). Up-to-date, Waltham, MA. (Accessed December 27, 2021).

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-**662**-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

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নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

