

# Depression: Facts For Families



Depression is a medical condition – like cardiovascular disease or diabetes – and can be treated. With treatment, most people with depression get better.

## Fast Facts About Depression

- Depression, also referred to as major depressive disorder (MDD), is one of the most common mental health concerns in the U.S.<sup>1</sup>
- In 2020, an estimated 21 million U.S. adults experienced at least one episode of major depression<sup>1</sup>
- Depressive disorders ranks third highest worldwide amongst the leading causes of disability<sup>2</sup>
- Nearly 10.4 percent of American adults suffer from MDD in a given year<sup>3</sup>
- The risk for developing MDD is greatest for:
  - Adult women (10.5%) have a higher prevalence of major depressive episode, compared to adult men (6.2%)<sup>1,3</sup>
  - Individuals under the age of 65<sup>3</sup>
  - Individuals from lower-income groups<sup>3</sup>
  - Individuals who identify as being White or Native American<sup>3</sup>
  - Service members who experience traumatic occupational stressors (e.g. combat-injury)<sup>4</sup>

## Signs that your family member might have depression

Over the past two weeks, has your family member often been bothered by:

1. Little interest or pleasure in doing things?  
☐ Yes    ☐ No
2. Feeling down, depressed or hopeless?  
☐ Yes    ☐ No

If you answered “yes” to either of these questions, encourage your family member to talk to their health care provider.

## Symptoms of MDD

- Feeling sad, angry or irritable
- Feeling hopeless, worthless or guilty
- Loss of interest in activities usually enjoyed
- Trouble sleeping or sleeping too much
- Loss of energy or feeling tired most of the time
- Significant changes in appetite or weight
- Problems concentrating, remembering or making decisions
- Thinking about death or hurting oneself
- Increased or decreased movement

Not everyone who experiences depression has the same symptoms. Encourage your family member to speak to a health care provider if they experience several of these symptoms at the same time, if they last longer than two weeks, and if they interfere with their normal daily activities.



Pay close attention and take immediate action if a friend or family member makes comments or writes a note about suicide, especially if they have attempted suicide before or have a friend or family member who died by suicide.

## Causes of depression

Most experts believe that MDD is caused by a combination of genetic, biological, environmental, and psychological factors.<sup>3</sup>

Risk factors include:

- Personal or family history of depression
- Permanent change of station, deployment, and family separation
- Certain physical illnesses and medications
- Reintegration
- Mission/operational stress
- High operational tempo

## Treatment for depression is effective!

Depression is treated with psychotherapy and medication, or a combination of the two. Your health care provider will want to know more about your family member and will work with them to choose the best treatment.

**Psychotherapy** has been shown to be effective in the treatment of MDD. There are many types of psychotherapies proven effective by research:

- Acceptance & Commitment Therapy (ACT)
- Behavioral Therapy/Behavioral Activation (BT/BA)
- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT)
- Mindfulness-Based Cognitive Therapy (MBCT)
- Problem-Solving Therapy (PST)
- Short-Term Psychodynamic Psychotherapy (STPP)

These psychotherapies are provided by trained mental health providers and are available at most military treatment facilities, clinics, and hospitals.

**Medication** – Prescription medication can often help treat depression more quickly. Many people begin to feel better within the first few weeks of treatment. However, because everyone reacts differently to medication, it may take time to find the one that works best for your family member. Don't get discouraged! Antidepressant medications:

- Only work if taken as prescribed
- Are not habit-forming nor addictive
- Take time to work
- Must be taken even after your family member begins to feel better—at least six months
- May have side effects which usually improve with time
- Should not be stopped abruptly; a health care provider should be contacted before stopping

If there is no improvement in your family member's symptoms after four to six weeks, encourage them to discuss other treatment options with their health care provider.

## What you can do to help

- Encourage your service member to talk to their battle buddies, shipmates, fellow Marines, and/or wingmen
- Educate yourself—it's hard to help someone if you don't understand the condition—then share what you have learned with your family member
- Encourage your family member to talk with their health care provider; offer to call for an appointment or to accompany them
- Encourage your service member to talk with members of their command team
- Encourage participation in activities or hobbies they once enjoyed
- Keep trying to provide support—your depressed family member may have to hear more than once and from several people that they will feel better with proper treatment

## References

- 1 National Institute of Mental Health. (2021). *Major depression*. U.S. Department of Health and Human Services, National Institutes of Health. [https://www.nimh.nih.gov/health/statistics/major-depression#part\\_2563](https://www.nimh.nih.gov/health/statistics/major-depression#part_2563)
- 2 GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. (2018). Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990-2017: A systematic analysis for the Global Burden of Disease Study 2017. *Lancet*, 392(10159), 1789-858. [https://doi.org/10.1016/S0140-6736\(18\)32279-7](https://doi.org/10.1016/S0140-6736(18)32279-7)
- 3 Hasin, D. S., Sarvet, A. L., Meyers, J. L., Saha, T. D., Ruan, W. J., Stohl, M., & Grant, B. F. (2018). Epidemiology of adult DSM-5 major depressive disorder and its specifiers in the United States. *JAMA Psychiatry*, 75(4), 336-46. <https://doi.org/10.1001/jamapsychiatry.2017.4602>
- 4 Walker, L. E., Watrous, J., Poltavskiy, E., Howard, J. T., Janak, J. C., Pettey, W. B. P., Zarzabal, L. A., Sim, A., Gundlapalli, A., & Stewart, I. J. (2021). Longitudinal mental health outcomes of combat-injured service members. *Brain & Behavior*, 11(5), 1-12. <https://doi.org/10.1002/brb3.2088>

## DOD and VA Resources

**Military/Veterans Crisis Line**  
Dial 988, then press 1 to chat  
live with a counselor.  
[www.veteranscrisisline.net](http://www.veteranscrisisline.net)

**inTransition**  
State-side: 800-424-7877  
Overseas: 800-748-8111  
[www.health.mil/inTransition](http://www.health.mil/inTransition)

**Psychological Health Resource Center**  
866-966-1020  
[www.health.mil/PHRC](http://www.health.mil/PHRC)

**Psychological Health Center of Excellence**  
[www.health.mil/PHCOE](http://www.health.mil/PHCOE)

**My HealtheVet**  
877-327-0022  
[www.myhealth.va.gov](http://www.myhealth.va.gov)  
(Available Mon - Fri; 0700 - 1900 CT)

**Real Warriors**  
[www.health.mil/realwarriors](http://www.health.mil/realwarriors)  
**Military OneSource**  
800-342-9647  
[www.militaryonesource.mil](http://www.militaryonesource.mil)

## External Resources

**988 Suicide and Crisis Lifeline**  
988  
[www.988lifeline.org](http://www.988lifeline.org)

**Military and Veteran Caregiver Network**  
[www.redcross.org/get-help/military-families/services-for-veterans/military-veteran-caregiver-network.html](http://www.redcross.org/get-help/military-families/services-for-veterans/military-veteran-caregiver-network.html)

**National Institute of Mental Health**  
866-615-6464  
[www.nimh.nih.gov](http://www.nimh.nih.gov)

**SAMHSA's National Helpline**  
Provides 24-hour free and confidential information and treatment referrals in English and Spanish; 800-662-HELP (4357)  
[www.samsha.gov/find-help/national-helpline](http://www.samsha.gov/find-help/national-helpline)