Understanding Depression

A plain-language guide to symptoms, treatment, and getting help

Depression is more than ordinary sadness

Everyone experiences sadness, grief, stress, or discouragement. Depression is different: it is a health condition that can cause persistent changes in mood, thinking, energy, sleep, appetite, and the ability to enjoy life. It may make everyday responsibilities feel overwhelming. A person does not have to look sad or cry to be depressed; some feel numb, irritable, or disconnected instead.

Major depression often involves symptoms most of the day, nearly every day, for at least two weeks, and it interferes with daily functioning. Other forms of depression exist. A qualified clinician can determine what is happening and whether another medical or mental health condition is involved.

What does depression feel like?

- Little interest or pleasure in things that once mattered
- Hopelessness, emptiness, sadness, guilt, or feeling worthless
- Exhaustion, slowed-down thinking, trouble concentrating, or indecision
- Sleeping much more or less than usual; changes in appetite or weight
- Restlessness, irritability, unexplained aches, or withdrawing from others

Not everyone has every symptom. Some people continue going to work and caring for others while experiencing serious depression. Thoughts of death or suicide are urgent warning signs and should never be dismissed.

What causes it?

There is no single cause. Depression can reflect a combination of inherited vulnerability, changes in brain circuits and chemical signaling, physical illness, medications, hormonal factors, trauma, loss, prolonged stress, and difficult life circumstances. It is not a failure of character, willpower, or faith. Although depression affects brain function, it cannot be explained simply as a shortage of one “happy chemical.”

Why professional evaluation matters

Depression is a medical and mental health concern that deserves assessment, especially when symptoms persist, worsen, or disrupt daily life. A primary care clinician or licensed mental health professional can review symptoms, screen for safety concerns, consider physical causes such as thyroid problems, and discuss treatment choices. A history of periods of unusually elevated mood or much less need for sleep also matters: bipolar depression may require a different treatment approach.

TREATMENT AND NEXT STEPS

Effective treatments are available

Treatment is individualized. Some people benefit from one approach; others do best with a combination. Improvement may take time, and changing a treatment plan is sometimes necessary.

- Psychotherapy ("talk therapy"): Approaches such as cognitive behavioral therapy (CBT) and interpersonal therapy help people change unhelpful patterns, process difficulties, strengthen coping skills, and reconnect with daily life.
- Medication: Antidepressants can help some people, particularly with moderate to severe depression. A prescriber should discuss benefits, side effects, interactions, and monitoring. They often take several weeks to show their full effect. Never stop or change a prescribed medicine without medical guidance.
- Brain-stimulation treatments: For severe or hard-to-treat depression, clinicians may consider transcranial magnetic stimulation (TMS), electroconvulsive therapy (ECT), or other specialist treatments. ECT can be especially important when a rapid response is medically necessary.
- Other specialist options: Esketamine may be appropriate for some adults with treatment-resistant depression under close medical supervision in certified treatment settings.
- Supporting habits: Sleep routines, movement, social connection, reducing alcohol or drug use, and practical stress reduction may support recovery—but they do not replace indicated professional treatment.

What to do if you think you are depressed

- Make an appointment with a primary care doctor, psychiatrist, therapist, or other qualified clinician.
- Describe what has changed, how long it has lasted, and how it affects sleep, concentration, work, relationships, and functioning.
- Ask about treatment options, expected benefits, side effects, follow-up visits, and what to do if symptoms worsen.
- Stay connected with trusted people. If treatment is not helping, tell your clinician rather than giving up.

When help cannot wait

If you are thinking about suicide, feel unable to stay safe, or are worried about someone else, call or text 988 in the United States for free, confidential crisis support. If there is immediate danger, a suicide attempt, or a medical emergency, call 911 or go to the nearest emergency department.

The Lifeline Project provides public education and referrals. This guide is not a diagnosis or a substitute for professional care.

Reliable sources & further reading

National Institute of Mental Health: nimh.nih.gov/health/publications/depression
NIMH, My Mental Health: Do I Need Help?: nimh.nih.gov/health/publications/my-mental-health-do-i-need-help
988 Suicide & Crisis Lifeline: 988lifeline.org