

destigmatizing, identifying, and treating the baby blues

bonus resources for
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Comprehensive resources to help
you through the baby blues and
postpartum depression, all in one place.

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how to recognize postpartum depression



Having a new baby in your life can be wonderful in so many ways. It can also present you with a great deal of stress as this little bundle of joy causes your life to change in some not-so-little ways.

With so many new changes in your life, what's normal?

For many new parents, it's totally normal to experience what is called the “baby blues” shortly after a baby is born, which can last for a few days or even a few weeks.

This period can include mood swings, anxiety, sadness, irritability, and crying. It can also include feeling overwhelmed, having trouble sleeping, reduced concentration, appetite problems, and trouble sleeping.

These feelings and symptoms are totally normal and will likely soon pass. But if they stick around, you might have postpartum depression (PPD). PPD actually shares a lot of similarities with the baby blues, but it lasts longer and the symptoms can be more intense.

When does postpartum depression occur?

Much like the baby blues, often PPD symptoms will develop within the first few weeks of giving birth, hence the “postpartum” in the name. However, it's also very common for PPD to develop later too, anytime within the first year or so after you deliver.

Is postpartum depression different from regular depression?

It's important to note that PPD is clinically different from regular depression. Although those with PPD may notice some of the same symptoms of regular depression— like anxiety, sadness, and social withdrawal— PPD is generally only diagnosed as such when these depressive symptoms come in conjunction with or are a result of the hormonal, physical, emotional, and lifestyle changes that accompany childbirth and parenthood. However, PPD is more common in those with a history of depression or mental illness.

Why does postpartum depression develop?

There is no one single cause of PPD, and it could be due to a number of different factors. Your hormones fluctuate immensely before, during, and after pregnancy, so that could play a role.

Following the massive drop in the hormones estrogen and progesterone that occurs after childbirth, it's very common to notice fatigue and sadness. And there are other major life changes to deal with on top of the changes to your body.

Bringing a baby home presents a whole new set of challenges and responsibilities that can certainly cause stress.

Contributing factors can include sleeping problems and sleep deprivation, nervousness about caring for a newborn, and stress about work.

How can you recognize postpartum depression?

Symptoms of PPD are more intense and longer-lasting than the baby blues. These symptoms can include:

- **Depressed mood or severe mood swings**
- **Excessive crying**
- **Intense irritability and anger**
- **Severe anxiety and panic attacks**
- **Appetite changes - loss of appetite or eating more than usual**
- **Sleep troubles - inability to sleep (insomnia) or sleeping too much**
- **Overwhelming fatigue or loss of energy**
- **Diminished ability to think clearly, concentrate or make decisions**
- **Difficulty bonding with your baby**
- **Withdrawing from family and friends**
- **Reduced interest and pleasure in activities you used to enjoy**
- **Feelings of worthlessness, shame, guilt, or inadequacy**
- **Thoughts of harming yourself or your baby**
- **Recurrent thoughts of death or suicide**

It's also worth noting that some of these symptoms overlap with symptoms of other postpartum mood disorders, including postpartum anxiety disorders (which might cause excessive worry, trouble sleeping, panic attacks, hyperventilation, or repeatedly imagining scary things happening to one's baby) or postpartum psychosis (which might cause confusion or disorientation, paranoia, hallucinations, delusions, sleep disturbances, obsessive thoughts about one's baby, or thoughts of harming oneself or one's baby).

If you're experiencing these feelings and symptoms, when should you seek help?

It can certainly take some time to adjust to all of these new changes in your life, and if you feel overwhelmed from time-to-time, that's entirely normal.

If you're not sure if what you're experiencing is still just baby blues or may be PPD, you should talk to your provider if symptoms:

- **have been around for more than two weeks are getting worse**
- **are making it hard for you to care for your baby**
- **are making it hard for you to complete everyday tasks**
- **include thoughts of harming yourself or your baby**

If you believe that what you're experiencing might be PPD or another postpartum mood disorder, if you're having a hard time and it's impacting your day-to-day life, or even if you're just wondering if what you're feeling and experiencing is normal, then you should contact your healthcare provider immediately.

There are a number of different ways that healthcare providers can treat PPD, but no matter which one your own provider thinks is best, it's much easier to get through these challenges when you have help.

And if at any point you have thoughts of harming yourself or your baby, you should seek immediate help from a loved one to take care of your baby and contact 911 or your local emergency assistance number.

Dealing with the prospect of postpartum depression can feel scary, but you have nothing to be ashamed of.

And you're not alone; we've found that as many as 32% of new moms develop PPD. Help is available, and you deserve to get the help you need.

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where you can find mental health support



Mental health care can be a great tool for overall well-being at any time, and it can be a lifeline when going through an especially tough time. The coronavirus pandemic has caused new stressors in all of our lives, and you might find that you'd like to reach out to a mental health professional for support. The good news is that you have a lot of different options to consider.

But this sort of a search can easily feel overwhelming — and if you're not feeling your best, this can be even harder. So where to start?

Figure out what type of mental health provider you'd like to work with

Because of differences in education and training, different mental health specialists have different areas of focus, so you should work with someone based on your individual needs. It's really just a matter of trying to figure out who could be the best choice for you.

Specialists who can provide therapy and counseling: clinical psychologists, clinical social workers, marriage and family therapists, mental health counselors, licensed professional counselors, certified alcohol and drug abuse counselors, pastoral counselors, school psychologists, and more; occasionally psychiatrists provide therapy too, though this isn't common

Specialists who can prescribe medication: psychiatrists and psychiatric or mental health nurse practitioners; in a few states and territories psychologists can prescribe medication too. Mental health treatment may or may not include medication. Some people do really well just working with a therapist, and some people do better with a combination of therapy and medication. You'll need to work with a provider to figure out what will be most beneficial for you.

If you're at a loss and really not sure what sort of a provider would be best for you, you can always ask your regular healthcare provider for guidance — your primary care provider, OB/GYN, or midwife, really whoever you feel most comfortable starting the conversation with.

It's important to speak with them honestly, but if you don't feel like they give you especially helpful feedback, know that it's not your fault — these sort of care providers simply aren't mental health specialists. That's why it's so important that you move beyond your regular healthcare provider and work with a mental health professional who can provide you with specialized care.

Check with your health insurance

A big factor in the provider you choose to see might be the healthcare coverage you have. By law, health insurers are required to provide the same level of coverage for mental health conditions as they do for physical conditions, but in practice, the ways they provide this coverage can feel complicated, and reaching out to your insurer can help you get a clear understanding of the care available to you.

If you have insurance, check with your insurance to see what sort of mental health care treatment is covered under your plan.

Many insurers have an online directory that you can search through to be provided with a list of healthcare providers in your area who are covered by your insurance. Many insurers also have a special mental or behavioral health phone line that you can call for screening that will help connect you with a provider in your insurance network who could be a good fit.

Because your mental health coverage might be different from one location or provider to the next, it can be helpful to look into these details right from the get-go. If you have a preferred specialist in mind, call that provider's office to ask directly about what kinds of insurance they take and the cost of services. And if they're not accepting new patients, you can always ask them for a referral to another practitioner in your area.

If you don't have insurance, you still have options

Many providers — including teaching hospitals and training institutes or government-funded community health centers — offer low-fee or sliding scale services that can make getting treatment possible even without insurance, so this doesn't need to stop you from getting the help you need. If you're in school, school counselors and student health centers can also be a great place to get started.

Some search tools you can use:

- **The National Institute of Mental Health provides a number of links to resources with searchable provider directories.**
- **The Substance Abuse and Mental Health Services Administration provides a searchable behavioral health provider directory.**
- **The American Psychiatric Association has a “psychiatrist finder” tool.**
- **Psychology Today has a “therapist finder” tool.**
- **For pregnancy and postpartum support, Postpartum Support International has a helpline and a database of local resources.**
- **The American Society for Reproductive Medicine has a searchable database to find mental health professionals who specialize in reproductive health and fertility support.**
- **You can also visit your state or county's government website and search for the health services department.**

When you can expect to speak with a provider

It's not unusual for it to take a little while to hear back from a provider normally, and right now, since many providers are in high demand because of the coronavirus outbreak, the process of getting started may take a little longer. So reach out to several providers.

Once you do hear back and decide to move forward with a particular provider, know that it may also take a little while to be seen for your first appointment. But once you are, you can then expect to speak with your provider weekly or every other week — some sort of a rhythm that works for you both.

One final thing to keep in mind when working closely with a therapist: not every therapist will be a good fit for you. Therapists know this, and they want to be sure that their clients' needs are being met. So if you start working with a provider who doesn't feel like a good fit, don't get discouraged. If you're comfortable, ask them for a recommendation for another therapist or keep looking on your own. There is a provider out there who's a good fit for you.

What you should know about telemedicine

Because of social distancing imposed by the coronavirus outbreak, many mental health care providers are now offering telehealth options, where you can speak with a practitioner over the phone or on video chat. And studies suggest that talk therapy through telemedical channels are just as effective as talk therapy in person. This means you can start working with a mental health professional now to get the support you need, even if you can't leave home.

What to do if you need help right now

For more short-term or emergency situations, helplines and emergency phone lines are available to provide support at any time, like:

- **The National Suicide Prevention Lifeline (1-800-273-8255 or online chat)**
- **The Disaster Distress Helpline (1-800-985-5990)**
- **The Crisis Textline (text HOME to 741741)**

Reach out for immediate help if you need it.

Start your search today

This is a challenging time for so many of us. It's entirely normal to need some help right now. We hope that you'll commit to starting your search for a mental health provider today so that you can be one step closer to getting the support that you need — you deserve it.

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having a meaningful conversation with your partner about mental health



Depression during and after pregnancy can be sneaky — the symptoms can sound a lot like the normal stressors of pregnancy and parenthood. To make things even trickier, the symptoms themselves can make the women experiencing them doubt themselves. A woman may wonder if what she’s feeling are just “baby blues” or whether there’s a more serious problem going on. During this time, women who are parenting with a partner have a valuable ally on their side — someone who sees them every day and can take note of their moods from the outside.

If you’re at an increased risk of depression during or after pregnancy, talking to your partner ahead of time can help both of you figure out a plan of action for watching for signs of depression. This can mean the difference between seeking out help early on and waiting until later, when symptoms have gotten worse.

1. Opening up the conversation

Mental health isn’t always easy to talk about, but as you and your partner build a family together, mental health is just one of the many factors that’s going to go into forming a healthy, supportive environment for your children and each other. If you have a history of depression or other mood disorders, you may have already started to talk about strategies for keeping an eye on your mental health during pregnancy and postpartum, but even if you’ve already touched on the subject, it’s a good idea to keep checking in as both your feelings and your pregnancy progress.

2. Make the time to check in with each other

Sure, it might sound a little hokey, especially if it’s not a normal part of your dynamic, but setting aside a specific time to talk about your feelings and your partner’s — because you’re both going to have moments

when you start to feel overwhelmed, and may need each other's support more than ever — can be a great way to make sure you're both on the same page.

Making time to check in emotionally can be a great reminder that you're not alone — both in that your partner is there on your team, and in that they're also going to have a hard time and want to turn to you for support. Remembering that it's a mutual relationship can be an important part of feeling comfortable reaching out when you start to feel overwhelmed.

3. Take feedback as it's intended

When you're having a hard time, sometimes having someone — even someone as close to you as your partner — notice that you're having trouble can feel like criticism, or a failure. Generally, though, if your partner is speaking up, it's almost certainly out of worry and out of love. Right now, you and your partner can talk about the best way to open up a conversation about mental health, and about how both of you will try to handle the subject if one of you seems to be struggling later.

4. Ask the professionals

If you're having a hard time starting this conversation, consider bringing your partner along with you to talk to a doctor, therapist, or other healthcare provider about your risk of depression during and after pregnancy, what that might look like, and what your partner's role can be. Sometimes, having an impartial third party in the room can help you and your partner focus on the subject of depression as a medical issue.

5. Take care of each other

Dads and other non-gestational parents can have postpartum depression as well. In addition, being a new parent is stressful and can be difficult for anyone. Your partner needs to take care of their mental health as well, and you can keep an eye out for if they start to feel especially run down, or like they might need a little extra help, just as they can for you.

In the end, the best person to talk to about your mental health during pregnancy and postpartum is the person you feel the most comfortable talking to about your mental health. That person may not always be your partner, and that's okay, too.

But it's also important to keep in mind that talking to your partner can be an important part of making sure you have a strong, engaged support system when you need one most.

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what can I say to people who offer to help?



As a new parent, it's easy to feel in over your head. You're figuring out the needs of a brand new person who has no way of communicating their needs and desires. The new things in your life can make doing the boring, normal things feel overwhelming and too much.

The good news is that parents of new babies often have waves of friends and family members who are excited about the newest addition and want to offer support. If it's safe to do so given the specific tasks you need help with and your household composition during the pandemic, your community can be a great source of help.

Depending on your personality and needs as a family, those offers to help can be a life-saver, nice but unnecessary, or, in some cases, potentially helpful but never taken advantage of. So often, refusing help when it's offered can feel like the right thing to do, but figuring out how to accept even the most sincere offer isn't always easy.

Have some ideas prepared

Sometimes, when put on the spot, new parents find themselves blanking on what to say. Having a list prepared of things you might be comfortable accepting help with, that will take something off your plate, can be helpful.

Some new parents are uncomfortable asking for help with things like cleaning or laundry. If this is true for you, you could always ask someone to pick up a couple of things at the grocery store on the way over, or take the dog for a quick walk. Another option is to ask families or friends for gift cards for restaurant or grocery store deliveries, if they're financially able to give such a gift. That way, loved ones are able to help make life a little easier without having to enter the home.

The recovery process from delivery or a C-section can make normal tasks, like lifting anything heavy or walking down stairs to do laundry, difficult or impossible. Making a list of those things can be helpful as well.

Stay flexible

Lists are great, but when it comes down to it, it can be hard to know what kind of help you'll want until you get it. You may think you'll want someone to look after the baby so you can get some sleep, only to find that you don't want to let them out of your sight or even out of your arms when it's time to hand them over to a trusted friend.

Know when to politely decline

Just because someone offers, that doesn't mean you must say yes. Yes, having help in these early weeks and months can mean a lot for many families, but for others, having the space and independence to get a head start figuring out their own routines is a better gift than getting too involved.

If that sounds like your family, and offers of help seem like a nice thought, but you really wouldn't like a visiting friend to do anything besides sit there and talk to you about how cute your baby is — or about anything other than babies, it's completely within your rights to say so.

Making up busywork so a friend can feel helpful isn't fair or useful to either of you, and letting your best bud sort your dirty laundry isn't necessary either, if that's going to make you feel frustrated and uncomfortable.

Consider enlisting outside help

Sometimes, getting family or friends involved just feels a little too personal. If this applies to you, consider hiring help — for example, a baby nurse or a housekeeper — to lighten your load and give you more time to focus on other things. Having someone come once a week, for example, can make a huge difference in your workload, which in turn will give you a little more energy for your time with your child.

Adjusting to parenting is hard. One way to help with the adjustment is to listen to what your family's specific needs are, instead of what you think they should be, and to reach out to your family's support network in whatever way you feel comfortable with. Being a new parent can feel isolating and strange, but it doesn't need to be, and when your support network reaches out to you, it can make a big difference to reach back.

types of postpartum mood disorders



After spending the better part of a year growing a human being, it's common for many new moms to experience changes in mood or feelings in the days, weeks, and months after delivery.

While emotional shifts are common, some may be more concerning. During this time, healthcare providers should be monitoring women for emotional complications following pregnancy, but it's the women who experience them who will be the first to notice shifts in their moods. Three significant mood changes it's important to be able to tell the difference between are baby blues, postpartum depression, and postpartum psychosis.

Baby blues

Baby blues can affect up to 80% of new mothers, according to the National Institute of Mental Health. The baby blues can involve feelings of sadness or moodiness and tend to last a week or two following delivery and go away on their own. Although the baby blues can make a person feel depressed, a clinical diagnosis of postpartum depression requires a different set of criteria.

Postpartum depression

The March of Dimes defines postpartum depression as “strong feelings of sadness, anxiety (worry), and tiredness that last for a long time after giving birth,” and make caring for oneself and one's baby difficult. Although these feelings may resemble the baby blues, postpartum depression lasts longer (two weeks or more) and is typically more intense and disrupts functioning.

Postpartum depression can present in many ways, and often involves trouble sleeping (beyond that expected for the parent of a newborn), mood swings, irritability, and crying spells, among other symptoms.

Current estimates state that postpartum depression affects about 1 in 7 new moms, but women with a history of depression are more likely to develop it than others. If you know that you may be more likely to develop PPD, it's a good idea to share your concerns with your healthcare provider beforehand.

Look into these details right away as your mental health coverage might be different from one location or provider to the next. If you have a preferred specialist in mind, call that provider's office to ask directly about what kinds of insurance they take and the cost of services. And if they're not accepting new patients, you can always ask them for a referral to another practitioner in your area.

Postpartum psychosis

According to the Mayo Clinic, postpartum psychosis is “a rare condition that typically develops within the first week after delivery,” with symptoms that are more severe than those of postpartum depression. Symptoms of postpartum psychosis can include hallucinations, delusions, and paranoia, which in rare cases can ultimately result in attempts to harm oneself or one's baby.

Postpartum psychosis is rare (it affects 1 to 2 out of every 1,000 postpartum mothers), but its effects can put both moms and their babies at great risk. It's important to seek treatment if you notice yourself experiencing feelings like those listed above. Healthcare providers can help.

The bottom line

Postpartum mood disorders can be debilitating, dangerous, and add difficulty to moms' day-to-day lives during an already tumultuous time. Even the baby blues, which most new moms experience, can cause feelings of sadness that make life more difficult. It's important to remember that postpartum mood disorders are treatable — but first, they need to be recognized as needing treatment.

If you have a history of depression or other risk factors that could impact your postpartum mental health, discuss these concerns with your healthcare provider so that they can help you better monitor your mental health before giving birth and in the weeks and months after.

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strategies for managing postpartum depression



Every person's experience with depression is unique, and so their depression treatment should be as well. Below are some strategies for managing depression as a new parent.

Therapy

You probably know about therapy as a form of treatment for depression. It's the first step for someone who's just starting to try to tackle their depression. There are different types of therapy, and which type a person uses depends on individual factors, but it always involves a patient and a licensed professional talking together.

Psychotherapy teaches people of all ages and from all walks of life to think in healthier ways. Psychotherapy is helpful for many people with depression, but some may need additional forms of treatment.

Here are some of the other strategies to consider:

Alternative Therapies

Because depression has so many different causes, there are also a lot of different ways that people with depression cope and find relief. Some of the more common alternative treatments for depression include support groups, meditation, self-help materials like books or articles, and regular exercise, like yoga. Talk to your provider about which therapies are safe, especially if you're taking medication, since alternative therapies can have interactions with medications.

One simple-sounding (but hard to achieve) supplement to therapy and treatment for depression is just making sure to get enough sleep, since sleep deprivation can make depression worse.

Medication

Many people take medication to treat depression. While medication usually isn't the first or only form of treatment for depression, it can be an extremely effective tool when combined with counseling. There are generally three categories of medication for depression.

- **Non-SSRI antidepressants:** Some people don't react well to SSRIs or have circumstances that lead them to try a different medication. Some SSRIs are considered safe during pregnancy, while others are known to carry a certain amount of risk. Two types of these could be serotonin-norepinephrine reuptake inhibitors (SNRIs), like Venlafaxine (Effexor) and Duloxetine (Cymbalta), or norepinephrine-dopamine reuptake inhibitors (NDRIs), like Bupropion (Wellbutrin).
- **Other medications:** It's not uncommon for a provider to combine medications or even add a medication to balance out the effects of an antidepressant. Some examples of medications that can be used this way are mood stabilizers and antipsychotic medication. Anti-anxiety medications might be prescribed, but these aren't usually used long-term.

Hospital and residential treatment

Sometimes, in more severe cases of depression, people check into a hospital or a facility, especially if they're at risk of harming themselves or others.

Inpatient programs help people focus entirely on themselves in a safe and supportive environment. In hospitals or residential treatment facilities, people are prescribed medication and see a therapist; family members may also be incorporated into treatment.

There's also the option of an outpatient program. With this sort of program, a person visits the facility for a period of time to use the services it provides, but continues to sleep at home.

In the U.S., there are a few perinatal intensive outpatient programs around the country, where moms visit with their babies. There is also one inpatient unit for moms and babies at UNC-Chapel Hill.

Brain stimulation therapies

These therapies may be options, but they are typically not used unless other forms of treatment have failed.

Electroconvulsive therapy (ECT), transcranial magnetic stimulation (TMS), and vagus nerve stimulation (VNS) are among some of the forms of brain stimulation therapy used.

ECT and VNS procedures take place in a medical facility under supervision by a provider who has completed special training, while TMS takes place in a doctor's office (still one who has special training).

A final note on treatment

It's common for people who are afraid to seek treatment, or those who are already on medication but don't yet feel their best, to seek out alternative therapies like supplements or off-label drugs to treat their depression. But this can be dangerous, particularly for individuals who are currently taking depression medication. It's important to speak with a healthcare provider before starting any new kind of treatment.

This is even more true for individuals who are already on depression medication, as the medication can have side effects and interactions with different supplements, drugs, and even herbal treatments. Make sure to take the precaution of speaking with your provider before you make any changes to your lifestyle.

Depression is complex, so it makes sense that treatment for depression is too. Some people will find that one medication is enough for them to function and feel better, while others need to try a variety of treatments and strategies before they find something that works for them.

Unfortunately, because of the nature of depression, it's also nearly impossible to guarantee that the condition won't ever return. The most important thing you can do when considering options for depression treatment is to keep an open mind and be willing to try a number of treatments if you can't find one that works for you.

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