

Men & Depression



Office of
Mental Health

Men and Depression

Introduction

Men and women both experience depression but their symptoms can be very different. Because men who are depressed may appear to be angry or aggressive instead of sad, their families, friends, and even their doctors may not always recognize the anger or aggression as depression symptoms. In addition, men are less likely than women to recognize, talk about, and seek treatment for depression. Yet depression affects a large number of men.

What is depression?

Everyone feels sad or irritable and has trouble sleeping once in a while. But these feelings and troubles usually pass after a couple of days. Depression is a common but serious mood disorder that may cause severe symptoms. Depression affects the ability to feel, think, and handle daily activities. Also known as major depressive disorder or clinical depression, a man must have symptoms for at least two weeks to be diagnosed with depression.

Both men and women get depression but their willingness to talk about their feelings may be very different. This is one of the reasons that depression symptoms for men and women may be very different as well.

For example, some men with depression hide their emotions and may seem to be angry, irritable, or aggressive while many women seem sad or express sadness. Men with depression may feel very tired and lose interest in work, family, or hobbies. They may be more likely to have difficulty sleeping than women who have depression. Sometimes mental health symptoms appear to be physical issues. For example, a racing heart, tightening chest, ongoing headaches, or digestive issues can be signs of a mental health problem. Many men are more likely to see their doctor about physical symptoms than emotional symptoms.

Some men may turn to drugs or alcohol to try to cope with their emotional symptoms. Also, while women with depression are more likely to attempt suicide, men are more likely to die by suicide because they tend to use more lethal methods.

Depression can affect any man at any age. With the right treatment, most men with depression can get better and gain back their interest in work, family, and hobbies.

“My daily routine was shot. I didn’t have the energy to do anything. I got up because the dog had to be walked and my wife needed to go to work. The day would go by and I didn’t know where it went. I wanted to get back to normal. I just wanted to be myself again.”

—Jimmy, Firefighter

What are the signs and symptoms of depression in men?

Different men have different symptoms, but some common depression symptoms include:

- Anger, irritability, or aggressiveness
- Feeling anxious, restless, or “on the edge”
- Loss of interest in work, family, or once-pleasurable activities
- Problems with sexual desire and performance
- Feeling sad, “empty,” flat, or hopeless
- Not being able to concentrate or remember details
- Feeling very tired, not being able to sleep, or sleeping too much
- Overeating or not wanting to eat at all
- Thoughts of suicide or suicide attempts
- Physical aches or pains, headaches, cramps, or digestive problems
- Inability to meet the responsibilities of work, caring for family, or other important activities
- Engaging in high-risk activities
- A need for alcohol or drugs
- Withdrawing from family and friends or becoming isolated

Not every man who is depressed experiences every symptom. Some men experience only a few symptoms while others may experience many.

What are the different types of depression?

The most common types of depression are:

- **Major depression:** depressive symptoms that interfere with a man's ability to work, sleep, study, eat, and enjoy most aspects of life. An episode of major depression may occur only once in a person's lifetime. But it is common for a person to have several episodes. Special forms (subtypes) of major depression include:
 - **Psychotic depression:** severe depression associated with delusions (false, fixed beliefs) or hallucinations (hearing or seeing things that are not really there). These psychotic symptoms are depression-themed. For example, a man may believe he is sick or poor when he is not, or he may hear voices that are not real that say that he is worthless.
 - **Seasonal affective disorder:** characterized by depression symptoms that appear every year during the winter months when there is less natural sunlight.
 - **Persistent depressive disorder** (also called dysthymia): depressive symptoms that last a long time (2 years or longer) but are less severe than those of major depression.
 - **Minor depression:** similar to major depression and persistent depressive disorder, but symptoms are less severe and may not last as long.

Bipolar Disorder is different from depression. It is included in this list because a person with bipolar disorder experiences episodes of extreme low moods (depression). But a person with bipolar disorder also experiences extreme high moods (called "mania").

What causes depression in men?

Depression is one of the most common mental disorders in the U.S. Current research suggests that depression is caused by a combination of risk factors including:

- **Genetic factors:** men with a family history of depression may be more likely to develop it than those whose family members do not have the illness.
- **Environmental Stress:** financial problems, loss of a loved one, a difficult relationship, major life changes, work problems, or any stressful situation may trigger depression in some men.
- **Illness:** depression can occur with other serious medical illnesses, such as diabetes, cancer, heart disease, or Parkinson's disease. Depression can make these conditions worse and vice versa. Sometimes, medications taken for these illnesses may cause side effects that trigger or worsen depression.

How is depression treated?

Men often avoid addressing their feelings and, in many cases, friends and family members are the first to recognize that their loved one is depressed. It is important that friends and family support their loved one and encourage him to visit a doctor or mental health professional for an evaluation. A health professional can do an exam or lab tests to rule out other conditions that may have symptoms that are like those of depression. He or she also can tell if certain medications are affecting the depression.

The doctor needs to get a complete history of symptoms, such as when they started, how long they have lasted, how bad they are, whether they have occurred before, and if so, how they were treated. It is important that the man seeking help be open and honest about any efforts at “self-medication” with alcohol, non-prescribed drugs, gambling, or high-risk activities. A complete history should include information about a family history of depression or other mental disorders.

After a diagnosis, depression is usually treated with medications or psychotherapy, or a combination of the two. The increasingly-popular “collaborative care” approach combines physical and behavioral health care. Collaborative care involves a team of health care providers and managers, including a primary care doctor and specialists.

Medication

Medications called antidepressants can work well to treat depression, but they can take several weeks to be effective. Often with medication, symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give medication a chance before deciding whether it is effective or not.

Antidepressants can have side effects including:

- Headache
- Nausea or feeling sick to your stomach
- Difficulty sleeping and nervousness
- Agitation or restlessness
- Sexual problems

Most side effects lessen over time, but it is important to talk with your doctor about any side effects that you may have. Starting antidepressant medication at a low dose and gradually increasing to a full therapeutic dose may help minimize adverse effects.

It's important to know that although antidepressants can be safe and effective for many people, they may present serious risks to some, especially children, teens, and young adults. A “black box” warning—the most serious type of warning that a prescription drug can have—has been added to the labels of antidepressant medications to warn people that antidepressants may cause some young people to have suicidal thoughts or may increase the risk for suicide attempts. This is especially true for those who become agitated when they first start taking the medication and before it begins to work. Anyone taking antidepressants should be monitored closely, especially when they first start taking them.

For most people, though, the risks of untreated depression far outweigh those of taking antidepressant medications under a doctor's supervision. Careful monitoring by a health professional will also minimize any potential risks.

For reasons that are not well-understood, many people respond better to some antidepressants than to others. If a man does not respond to one medication, his doctor may suggest trying another. Sometimes, a medication may be only partially effective. In that case, another medication might be added to help make the antidepressant more effective.

If you begin taking antidepressants, do not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. When it is time to stop the medication, usually after a course of 6 to 12 months, the doctor will help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

Some people who relapse back into depression after stopping an antidepressant benefit from staying on medication for additional months or years.

Psychotherapy

Several types of psychotherapy or “talk therapy” can help treat depression. Some therapies are just as effective as medications for certain types of depression. Therapy helps by teaching new ways of thinking and behaving and changing habits that may be contributing to the depression. Therapy can also help men understand and work through difficult situations or relationships that may be causing their depression or making it worse.

Cognitive behavioral therapy (CBT), interpersonal therapy (IPT), and problem-solving therapy are examples of evidence-based talk therapy treatments for depression.

Treatment for depression should be personalized. Some men, might try therapy first and add antidepressant medication later if it is needed. Others might start treatment with both medication and psychotherapy.

Brain Stimulation Therapies

Brain stimulation treatments can be considered when other approaches are unsuccessful or unwanted. One of the oldest treatments in psychiatry, electroconvulsive therapy (ECT), is still used today. Generally, ECT is used in cases of severe depression that do not respond to multiple courses of antidepressants, or where there is a great need for rapid relief. For example, ECT might be considered if someone has strong suicidal thoughts or plans or has stopped eating and drinking adequately. Advances in ECT make it safe and effective for most individuals, however, concern over possible memory loss and continuing stigma have limited its availability and acceptability in some places. ECT is generally considered the “gold standard” treatment of severe depression.

Another type of brain stimulation using a magnetic stimulus is known as transcranial magnetic stimulation (TMS). TMS is an approved depression treatment and has been used for nearly a decade. TMS is a less powerful treatment than ECT, but a series of near-daily TMS sessions over several weeks is helpful for at least half the people who complete a full series.

“I lost interest in the kids and doing things that we used to do... they’d ask their mother, ‘Why is Daddy not getting up and not wanting to do anything with us? Did we do something wrong?’ They didn’t do anything to me. I just didn’t want to do anything.”

—Rene, Police Officer

How can I help a loved one who is depressed?

It's important to remember that a person with depression cannot simply “snap out of it.” It is also important to know that he may not recognize his symptoms and may not want to get professional treatment.

If you think someone has depression, you can support him by helping him find a doctor or mental health professional and then helping him make an appointment. Even men who have trouble recognizing that they are depressed may agree to seek help for physical symptoms, such as feeling tired or run down. They may be willing to talk with their regular health professional about a new difficulty they are having at work or losing interest in doing things they usually enjoy. Talking with a primary care provider may be a good first step toward learning about and treating possible depression.

Other ways to help include:

- Offering him support, understanding, patience, and encouragement
- Listening carefully and talking with him
- Never ignoring comments about suicide, and alerting his therapist or doctor
- Helping him increase his level of physical and social activity by inviting him out for hikes, games, and other events. If he says, “no,” keep trying, but don't push him to take on too much too soon.
- Encouraging him to report any concerns about medications to his health care provider
- Ensuring that he gets to his doctor's appointments
- Reminding him that with time and treatment, the depression will lift

How can I help myself if I am depressed?

The most important step is to see a health care professional as soon as possible. Research shows that getting treatment sooner rather than later can relieve symptoms quicker and reduce the length of time treatment is needed.

Other things that may help include:

- Spending time with other people and talking with a friend or relative about your feelings
- Increasing your level of physical activity. Regular exercise can help people with mild to moderate depression and may be one part of a treatment plan for those with severe depression. Talk with your health care professional about what kind of exercise is right for you.
- Breaking up large tasks into small ones and tackling what you can as you can. Don't try to do too many things at once.
- Delaying important decisions until you feel better. Discuss decisions with others who know you well.
- Keeping stable daily routines. For example, eating and going to bed at the same time every day.
- Avoiding alcohol

As you continue treatment, gradually you will start to feel better. Remember that if you are taking an antidepressant, it may take several weeks for it to start working. Try to do things that you used to enjoy before you had depression. Go easy on yourself.

Where can I go for help?

If you are unsure of where to go for help, ask your family doctor or health care provider.

New York State Mental Health Program Directory

The Mental Health Program Directory provides information on all programs in New York State that are operated, licensed or funded by the State Office of Mental Health (OMH). This site includes three search options: Basic Search, Advanced Search, and Full Directory. Definitions for all programs are available under the Support tab, along with directory help and information on program data collection. Find services close to you at: <https://my.omh.ny.gov/bi/pd/saw.dll?PortalPages#report>.

Mental Health Treatment Program Locator

The Substance Abuse and Mental Health Services Administration (SAMHSA) provides this online resource for locating mental health treatment facilities and programs. The Mental Health Treatment Locator section of the Behavioral Health Treatment Services Locator lists facilities providing mental health services to persons with mental illness.

Find a facility in your state at: <https://findtreatment.samhsa.gov/>.

For Immediate Help

If you are in crisis, experiencing emotional distress, or worried about someone you know:

- Call or text the Suicide and Crisis Lifeline at 988 or chat at 988lifeline.org/chat. Veterans can call the Veterans Crisis Line at 988 and then press 1. You can also text the Crisis Text Line (GOT5 to 741741). These services are available 24/7 to anyone and are completely confidential.

If you are thinking about harming yourself or thinking about suicide:

- Tell someone who can help right away
- Call 988
- Call your licensed mental health professional if you are already working with one
- Call your doctor
- Go to the nearest hospital emergency department

What if I or someone I know is in crisis?

Men with depression are at risk for suicide. If you or someone you know is in crisis, get help quickly.

If a loved one is considering suicide:

- Do not leave them alone
- Try to get your loved one to seek immediate help from a doctor or the nearest hospital emergency room, or call 988
- Remove access to firearms or other potential tools for suicide, including medications

In many instances, a crisis can be avoided when friends or family members are involved in the treatment and can recognize crisis warning signs. Crisis warning signs are different for different people. One person may have more trouble sleeping and become more agitated. Another person may sleep more, stop eating, and focus on disturbing thoughts. Creating a plan that lists the loved one's warning signs—those actions that usually occur before a crisis—and the health care provider's contact information may help avoid a crisis.

“It starts slowly and the only person you’re talking to is yourself. You’re lost. It’s dark, the pain is 24/7... you just want it to end... I’d drink and... I tried to numb my head... but you have to deal with it. It doesn’t just go away.”

—Patrick, Retired Sergeant

“It affects the way you think. It affects the way you feel. It affects the way you love... It’s just a blanket that covers everything... and it’s one that’s just so asphyxiating. And at times you just say it’s enough already. It just feels like enough.”

—Steve, Writer

The New York State Office of Mental Health thanks the National Institute of Mental Health for providing the information contained in this booklet.

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For questions or complaints regarding mental health services anywhere in New York State please contact:

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Office of Mental Health
Customer Relations
44 Holland Avenue
Albany, NY 12229

(800) 597-8481 (toll-free)

For information about mental health services in your community, contact the New York State Office of Mental Health regional office nearest you:

Central New York Field Office
545 Cedar Street, 2nd Floor
Syracuse, NY 13210-2319
(315) 426-3930

Hudson River Field Office
10 Ross Circle, Suite 5N
Poughkeepsie, NY 12601
(845) 454-8229

Long Island Field Office
998 Crooked Hill Road
Building #45-3
West Brentwood, NY 11717-1087
(631) 761-2508

New York City Field Office
330 Fifth Avenue, 9th Floor
New York, NY 10001-3101
(212) 330-1650

Western New York Field Office
737 Delaware Avenue, Suite 200
Buffalo, NY 14209
(716) 533-4075



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