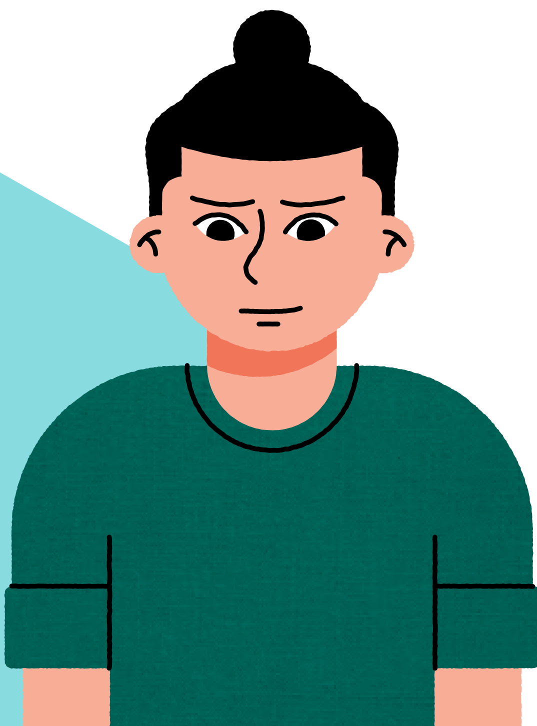
headspace
National Youth Mental Health Foundation

antidepressants: frequently asked questions

for young people, their family and friends

Adolescence and early adulthood is a time when much of life changes: discovering new interests and learning new skills, becoming more independent and forming new relationships, finishing school and starting a job or going on to further study. It's an exciting time in our lives. However, it can also be a time when mental health problems begin – 75 per cent of mental illnesses emerge before the age of 24 years.[1]



We don't yet fully understand what causes mental illness, however we do know that there isn't just one cause. People can experience mental illness due to a mix of reasons, including: genetics, social and environmental factors, trauma and stress, personality factors, and alcohol and other drug use.[2] Experiencing a mental illness can get in the way of some of the key life changes that happen during adolescence and early adulthood,[3] that's why it's important to get the right help at the right time. Treatment can vary depending on the condition and how severe its symptoms are; antidepressant medication is just one approach.

It helps to think about mental health on a scale. At one end of the scale is feeling mentally healthy. In the middle of the scale is when you are experiencing a mental health concern – like feeling sad or worried – but this doesn't impact your everyday life or last a long time. On the other end of the scale is meeting the criteria for a diagnosed mental illness, which interferes with things like school, work and relationships. It can be worrying to hear that you or someone you care about is experiencing a mental illness. This resource uses the term 'mental illness' in order to emphasise that antidepressant medications should only be used to treat symptoms of a diagnosed mental illness. However, we acknowledge that you may not identify with this term - you might have your own preferred words, particularly if you're an Aboriginal or Torres Strait Islander young person, or from a culturally and linguistically diverse background.

This resource is for young people aged 12–25 and their family and friends. It is designed to answer common questions about antidepressant medication and may also help during conversations with your healthcare professional so that you can make informed choices about your treatment.

What are antidepressants?

Antidepressants are a type of prescription medication used to help treat some mental illnesses. While there are a number of different types of antidepressants, this resource focuses on two: selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake inhibitors (SNRIs) as they are most commonly prescribed to young people. Antidepressants change the levels of chemicals in the brain called neurotransmitters, which send messages between brain cells.

- SSRIs aim to increase the availability of a neurotransmitter called serotonin. Serotonin is thought to be involved in mood, emotions and sleep.[4]
- SNRIs affect norepinephrine levels as well as serotonin levels. Norepinephrine is linked to mood, alertness and energy.[5]

While the specific role of these chemicals in mental illnesses is still unclear, increasing the amount of serotonin and norepinephrine may support changes in the brain that help improve symptoms.

Who are antidepressants right for?

Antidepressants may be appropriate for:

- children, young people and adults who have been diagnosed with major depressive disorder (MDD),[6, 7] obsessive compulsive disorder (OCD) or body dysmorphic disorder (BDD); and[8]
- people aged 18 years and over who have been diagnosed with post-traumatic stress disorder (PTSD)[9] or some anxiety disorders (including generalised anxiety disorder, panic disorder and social anxiety disorder).[10, 11]

What are antidepressants used for?

Treatment options for mental illness vary depending on how severe the symptoms are.

Antidepressant medications are not recommended as the first option for treating depression or other mental illnesses in young people. When treating mild depression, being monitored by a health professional might be a better first step – which includes helping you better understand depression, advice on healthy lifestyle behaviours, plus follow-up sessions. It could also include some form of psychotherapy ('talking' therapy).[6]

Antidepressants are generally only considered when symptoms are moderate to severe or when psychotherapy alone hasn't helped (e.g. after four to six sessions).[6] If antidepressant medication is considered appropriate, SSRIs are the only type recommended for adolescents aged 18 years or younger, and usually as the first type to try in people over 18.[6-11] SNRIs are usually only used when one or more SSRI treatments have not been effective.[11] Generally, antidepressants should not be used without psychotherapy.[6] While other healthcare professionals may talk with you about treatment options, only a general practitioner (GP), psychiatrist or nurse practitioner is qualified to prescribe medication.

Involving family and friends

It is important to make decisions about your own care. It can also be beneficial to include family and friends, if you feel comfortable to do so. Family and friends may be able to provide health professionals with background information about your symptoms and help you get to appointments. When beginning a new treatment or medication, having someone else to support you can be helpful. They may notice any changes in your mood or behaviour, whether positive or negative, and help keep an eye on any side effects. Family and friends can also help you keep on track with taking medication. Health services should ask about including your family and friends in ways that you feel comfortable and that are likely to be beneficial to your wellbeing.

'It was very helpful to have someone else hear what the doctor was saying and to be able to discuss the options with them.'

– Young person

Adolescents aged under 18 years are able to consent to treatment and make decisions about their own care if the health professional believes they have the capacity to do so.[12] For more information see: reachout.com/articles/what-is-age-and-confidentiality.

Shared decision-making

Shared decision-making enables a health professional, you, and your family/friends to participate jointly in making a health decision, using both evidence and your needs, values and preferences.

Before discussing treatment options, you should have taken part in an interview (known as a mental health assessment) so that your health professional can understand you, your life experiences, coping strategies, your symptoms and how they are impacting your life. If relevant, they should tell you what diagnosis your symptoms meet the criteria for. This information can support you and the health professional to decide which treatment options are best for you. When talking about treatment for a mental illness, health professionals should explain different options (which may include not doing anything), what the treatments involve, the evidence for how well they will work, and their potential risks and benefits.[13] They should encourage you and your family/friends to work through what your personal preferences and values are about the treatment options and their potential outcomes.[13]

If a health professional suggests antidepressant medication and you don't understand why or you don't feel like you have enough information, it is okay – and encouraged! – to ask questions.

After an appointment, you might feel ready to make a decision straight away, or you might need some time to go away and process the information. When talking with a health professional about potentially using antidepressants as part of treatment for a mental illness, the following questions are common ones to have so may be a useful starting point to help you and your family/friends decide if they are right for you.

More information about shared decision-making can be found in the 'resources' section at the end of this resource.

Frequently Asked Questions:

What other treatment options are available for young people diagnosed with depression or anxiety?

Antidepressants may help treat the symptoms of a mental illness, but they might not be the best option for you. They are generally only prescribed when symptoms are moderate to severe and/or when psychotherapy alone hasn't helped. Psychotherapy is usually the first type of treatment to try for a mental illness and even if medication is appropriate, it should be used together with psychotherapy.[6]

Psychotherapy aims to improve coping, communication and problem-solving skills. You can also learn how to recognise and reframe unhelpful thinking patterns and behaviours and how to better manage emotions. Other types of therapy might work on understanding yourself and others in relationships. It should be delivered by someone who is qualified and has appropriate skills in the type of therapy being offered.[6] If you aren't already involved in therapy, the person who has prescribed the medication can refer you. Sometimes, psychotherapy is not available or appropriate before beginning antidepressant medication. It is important that you and your health professional have a plan to manage your mental health, especially if you are unable or choose not to engage with psychotherapy. Together you might also explore your barriers to therapy, and ways that these can be overcome.

There are also complementary and alternative therapies, including nutritional supplements. But here the research generally isn't of high quality and the results about whether or not they work for mental illness are mixed.[14-18] The success of these approaches can vary according to a number of factors and some supplements can negatively interact with antidepressants. Therefore, it is best to ask your health professional if this is a suitable option for you.

Implementing any personal strategies or activities that you know are helpful for you – such as exercising, making art or meditating – is a great idea. Healthy lifestyle behaviours – such as regular exercise, a healthy diet, maintaining supportive social connections and getting a good night's sleep – alongside appropriate interventions, can be a helpful part of getting better.[6, 19] See headspace's 'Tips for a healthy headspace for more information: headspace.org.au/young-people/tips-for-a-healthy-headspace/.

Do antidepressants work for treating mental illness in adolescents aged 12–18?

Do antidepressants work for treating depression in adolescents?

Overall, among adolescents aged 12–18 years, research shows antidepressants provide either no benefit, or a small benefit for reducing the symptoms of moderate to severe depression.[20-22] This means that in these studies there was no improvement, or the improvement was not large enough for participants to notice a difference in their symptoms. For more information about evidence for antidepressants in treating depression in young people, see 'other resources'.

Do antidepressants work for treating anxiety in adolescents?

The existing research about treating anxiety disorders in young people aged 18 and under with antidepressants shows a small to medium benefit.[23-35] This means that the people in some of these studies experienced a noticeable improvement in their anxiety symptoms. However, more research is needed, especially about how well these medications work for specific anxiety disorders (such as social anxiety disorder or generalised anxiety disorder).

Furthermore, medication is not included as a routine treatment option for anxiety in clinical guidelines for adolescents.[11, 36] Therefore, the decision of whether to use antidepressants for anxiety will rely more on the health professional's experience and understanding of your individual circumstances, in addition to your preferences and values regarding the potential risks and benefits.

For treating OCD, SSRIs appear effective for decreasing the severity of symptoms.[22, 28, 37]

Do antidepressants work for young adults aged 18–25?

Research on treating depression and other mental illnesses in young people aged between 18 and 25 is limited. Results are often generalised from studies that include older adults (e.g. aged between 18–65). Early adulthood is a unique developmental stage and applying the results from older people may not be appropriate. More research is needed in this age group.

Frequently Asked Questions:

What about the evidence for antidepressants combined with psychotherapy?

Due to mixed results, it is unclear from the research evidence which combination of treatments work best for adolescents and young adults with depression (i.e. antidepressant medication alone, psychotherapy alone, or both combined).[38-42]

For young people aged under 18 experiencing moderate to severe anxiety, antidepressants and cognitive behavioural therapy (CBT) work similarly well for treating symptoms. Combining them both is the most beneficial.[23, 27, 43, 44] For treating OCD in children and adolescents, psychotherapy – whether alone or with SSRI antidepressants – seems to work better than SSRIs by themselves.[45] More research is required about combined approaches.

Limitations of the research evidence and what it means

Studies about how well antidepressants work aren't perfect. Studies usually only last for between 8–12 weeks, so we don't know what happens to people after this time. They also often don't reflect people in the 'real world', as most studies don't include people with severe symptoms, people who report suicidal thoughts or behaviours and those who experience more than one mental illness.[46] We know that this isn't representative of many young people experiencing mental illness or accessing services.[46, 47] Therefore, there isn't enough research to know whether antidepressants are helpful or safe for these young people. In this case, as part of shared decision-making, you and your health professional would talk about how similar or different you are to the people in these studies and base your decision on the best available evidence.

How long will it take for antidepressant medication to work, and how will I know if it is working? What should I do if it's not?

Not everyone will respond to medication in the same way. For people experiencing depression, antidepressants need to be taken for 2–4 weeks before they begin having an effect,[48] but it can take up to eight weeks to feel the full benefit (if any benefit is going to be experienced). They take a bit longer to start working for people experiencing anxiety.[49] They will work best when taken as prescribed, which includes taking the right number of tablets at roughly the same time every day. Once you start taking antidepressants, you should be having regular contact with your health professional to see how you are going. It can be a good idea to keep a daily mood chart to track how you're feeling, or ask family and friends to give feedback. If you do not notice any improvement after the expected time, you and your health professional may decide to increase the dosage, or try a different medication or type of treatment.

What side-effects do I need to look out for?

A health professional prescribing medication should explain any potential side-effects, as well as providing written information in a way that you can understand so that you can weigh up your decision about treatment.[6] If you are not provided with this information, it's important to ask for it.

The most common side-effects of SSRIs can include headaches, trouble sleeping, nausea, diarrhoea or constipation, loss of appetite, sweating, feeling dizzy, dry mouth, feeling agitated, shaky or anxious.[50] Sexual problems as a side-effect are also common,[50] but are often mistaken as a symptom of the mental illness (such as a lack of desire or interest in sex). Some of these side-effects should improve over time, but others may persist.[51]

It can feel awkward to talk about some of the side-effects, but it is important to let your health professional know if you are experiencing them. Often side-effects happen early on before any potential benefits of the medication are noticed,[48] and this might make you want to stop taking it. However, it is not advised to stop taking the medication without first consulting a health professional. If you do decide to take antidepressants, you should have regular (i.e. weekly for the first four weeks) appointments initially to keep an eye on any side-effects and to monitor your progress.[6] Some antidepressants have a higher chance of side-effects and suicidal thoughts than others,[21, 49] so there might be one in particular that your health professional recommends. If you are pregnant or breastfeeding, let them know as this can also influence which medication is prescribed.

Frequently Asked Questions:

Do antidepressants increase the risk of suicide?

Research has shown an increased risk of thoughts about suicide and suicidal behaviour (we call it 'suicidality') in people under the age of 25 years taking antidepressants.[20, 22, 37, 52-54] In research studies, approximately four per cent of young people taking an SSRI or SNRI for depression experience suicidality. That is compared to 2–3 per cent who receive a placebo (a pill with no active ingredients).[37, 20] The reasons are unclear, but one explanation may be that antidepressants cause increased anxiety or agitation and restlessness in some people.[55, 56]

The possibility of suicidality emerging with antidepressant treatment is quite small, but serious enough that you should be closely monitored for the appearance of suicidal behaviour, self-harm or hostility (i.e. aggression, oppositional behaviour or anger). This is particularly important at the beginning of treatment or when changing the dosage. Your health professional should ask about your experience of these things before you start taking antidepressant medication, so that together you can keep track of any changes over time. Your health professional should check in regularly (e.g. at appointments or over the phone) to make sure you are improving and not getting worse or staying the same. They should be asking about your mood, any negative effects, and how you are going generally.

Discuss how frequently this should occur, and which healthcare professional should be responsible. If you notice any signs of these symptoms or your mental health seems to be getting worse, it is important to contact your prescribing health professional or member of your treating team immediately.

Can antidepressants affect other medications or substances?

As with any medication, antidepressants can interact (i.e. cause problems) with other types of drugs, including prescription medication, complementary or alternative supplements, and alcohol and other drugs. Talk with your health professional about any other medications or substances, even natural or herbal types, that you take as they could interact with antidepressants. Taking other substances in combination with antidepressants can cause them to impact upon each other (i.e. making the effects of each one stronger or weaker) or to have unexpected negative effects on your body.[57] This is especially the case if the other substance you are using effects serotonin levels.[49] If you are working with multiple health professionals, it's a good idea to keep them all in the loop with what medication you have been prescribed.

How long do I have to take antidepressant medication for and how do I safely stop taking it?

People are usually advised to take antidepressants for at least 6–12 months.[6, 8, 10, 11] You should seek medical advice when considering how to stop taking medications, even if you are feeling better, as stopping antidepressants abruptly is not recommended. This is due to the chance of discontinuation/ withdrawal effects (i.e. side-effects related to stopping like nausea, sleep problems, flu-like symptoms) or becoming unwell again.

The plan you make will usually involve reducing medication gradually and during a more relaxed time (such as school holidays) rather than when things are busy or stressful. This plan should include regular reviewing and monitoring to look out for any changes and any increased thoughts of self-harm or suicide. If you are concerned that you have been taking antidepressants for some time with no plan for review with a health professional, make an appointment.

There is no evidence that anyone should take antidepressants indefinitely or for the rest of their life. In general, there should be a plan for review at regular intervals.

Although stopping antidepressants can sometimes lead to withdrawal effects, these drugs are not considered 'addictive' in the same way that some other drugs are.[58] However, your brain does get used to the extra support if they have been helping, and so stopping suddenly without having psychological strategies in place may result in relapse of symptoms.

My health professional wants me to take antidepressants but I don't feel comfortable with this. What can I do?

When making decisions about treatment options, health professionals should consider the evidence for the effectiveness of an intervention, but also a person's values and preferences. This includes understanding and respecting cultural beliefs around mental health and medication. If you don't think antidepressants, or the type of antidepressant prescribed, are appropriate for your recovery, talk about your concerns and ask to discuss alternatives. Having all the information explained to you (including possible risks) is really important. If you don't feel you are getting the right type of care or don't feel heard, consider seeking a second opinion. You don't have to agree to medication if you don't want to, but it's important that you're able to make an informed decision based on the best possible evidence and advice.

For family and friends

The following frequently asked questions are for family and friends of young people who are seeking mental health support.

My young person has been prescribed antidepressants but doesn't want to take them. What should I do?

It can feel challenging and sometimes worrying as a caregiver to be concerned about a young person's mental health, and if they have been advised to take medication and don't wish to. Talk with them to understand why they might be worried or not want to take the medication. Try not to get frustrated, and to respect their decision. When a young person feels heard and understood it can help open up the conversation to talk about other potential treatments. Encourage your young person to talk to their health professional about their concerns, or seek permission to have this conversation alongside them or on their behalf.

Supporting someone experiencing a mental health problem can be challenging. Remember, professional support is available. For more advice and guidance on how you can best support your young person, visit the websites in the 'Resources' section or contact eheadspace and talk to a family and friends specialist.

I'm concerned about my young person being prescribed antidepressants. What can I do?

If you are a family or friend of a young person who has been prescribed antidepressants, you may be able to raise your concerns with both the health professional and your young person. Try to do so in a way that is still supportive of help-seeking. Having your own access to evidence and advice from a health professional is important so that you can understand the reason for the treatment choice and how best to support your young person. Health professionals will usually encourage a young person to involve their family or friends in decision-making around treatment. If your young person does not wish to include others, it can feel challenging to not be involved, but linking in with family workers or services could be helpful. Having a space for you to separately share your worries or concerns might be key to reducing any potential conflict or stress.

A note on stigma

Seeking support for a mental health problem, whether or not this includes medication, does not mean that you have 'failed' or that you 'haven't tried hard enough to fix yourself'. As a parent or carer, it doesn't mean that you have done something wrong either. Stigma around mental health issues can be a barrier that stops young people seeking help.[59] If you are struggling with your mental health, accessing appropriate treatment which is right for you can help you feel better. Getting help early is a great step in the right direction.

What does this all mean?

The decision about whether or not antidepressant medication will be included as part of treatment can be a difficult and confusing one. There is no one-size-fits-all approach. The decision about what is best for you includes consideration of the research evidence around risks and benefits, in conjunction with the clinical judgement of the health professional based on your individual circumstances, and importantly the values and preferences of you and your family and friends.

Other resources

- More information about shared decision making can be found headspace.org.au/assets/download-cards/sdm-evidence-summary.pdf.
- More information about the evidence for the efficacy of SSRIs and SNRIs for the treatment of depression in young people can be seen https://headspace.org.au/assets/download-cards/SSRI-and-SNRI-antidepressants-in-the-treatment-of-depression.pdf.

Resources for families and friends

- eheadspace (eheadspace.org.au) can provide specialist support to families/carers.
- headspace has a range of resources for families/friends (see headspace.org.au – friends and family resources).
- Families from culturally and linguistically diverse backgrounds may find the Victorian Transcultural Mental Health website helpful (vtmh.org.au). Some headspace factsheets are also available in different languages (accessible at headspace.org.au).
- The Carer Gateway (carergateway.gov.au) provides information about services and support available for carers.

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headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.

headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

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