The Carer series

DEPRESSION AND LOW MOOD

When someone you love has low mood

A warm, plain guide for the person standing beside someone with depression: why a low mood that stays is an illness and not laziness, what it looks like up close, what actually helps from you, how to look after yourself, and when to step in.

Who this is for: the family, partners and friends of an adult living with low mood or depression.

Cited: NICE, WHO, and peer-reviewed research.

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

1

WHAT IS HAPPENING TO THEM

It is an illness, not laziness

IN SHORT

When someone you love sinks into a low mood that will not lift for weeks, that is a health condition, not laziness, a weak character, or a way of pushing you away. You did not cause it. You cannot cure it by yourself. But you can help, and that matters more than you think.

You may have watched someone you love stop doing the things they used to do, and wondered if they have given up, or if it is somehow about you. It is neither. Depression is a recognised illness that changes how the brain and body work, shaped by a mix of biology, life events, and circumstances, and it does not lift simply because someone is told to try harder.

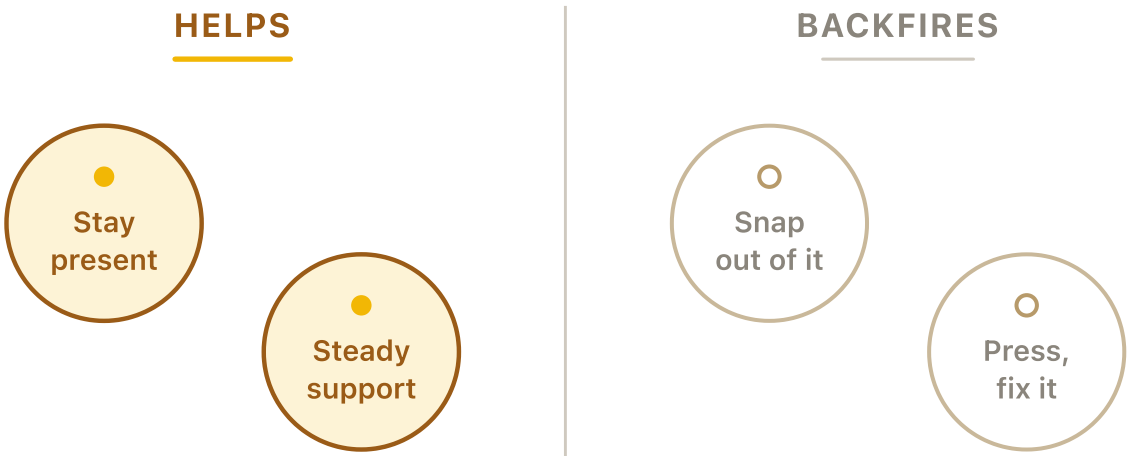
This is the first thing to hold on to, and the hardest. You did not cause it, you cannot cure it, but you can help. Blame only adds weight to something already heavy. The illness is the problem, not the person, and not you.

It also helps to know how often help does not reach people in time. In India a very large share of those who could benefit from care never receive it.

around 8 in 10

who could be helped in India do not get care

A large treatment gap means many people never reach a doctor. A family member who helps someone get there can change the whole story.



The same love can land in very different ways. These are the moves that tend to help, and the well-meant ones that tend to backfire.

Helps: sitting with them quietly, without needing them to cheer up.

Helps: small, no-pressure invitations, and steady practical help.

Backfires: snap out of it, count your blessings, others have it worse.

Backfires: pressure, lectures, or fixing it for them.

More, if you want it

None of the things that backfire come from a bad place. They come from love and from helplessness. But telling a person with depression to simply feel better is like telling someone with a fever to just be cooler. It does not reach the illness, and it quietly tells them their struggle is a choice. Understanding that this is a condition, not a failure of will, changes how you stand beside them.

2

WHAT IT LOOKS LIKE UP CLOSE

Withdrawal is the illness, not rejection

IN SHORT

Up close, depression often looks like a slowed body and a person pulling away. They may sleep too much or too little, lose interest in food and people, move and think slowly, and seem irritable or far away. The withdrawal is the illness pulling them inward, not a sign that they have stopped loving you.

Withdrawal is the illness pulling them in, not a rejection of you.

Depression is more than ordinary sadness. The low mood stays for most of the day, for weeks, and the things that used to give pleasure stop giving it. You may notice a body that has slowed down, broken sleep, no appetite or eating for comfort, a heavy tiredness, and small decisions becoming strangely hard. Irritability is common too, and it can sting the people closest by.

When someone you love stops answering messages or cancels plans, it is easy to read it as rejection. It almost never is. The pulling-away is the illness reaching inward, not the person turning against you. Knowing this lets you stay warm instead of hurt, and warmth is what helps.

TRY THIS

The next time they pull away, try saying it out loud and gently: I can see this is hard, and I am not going anywhere. You are not trying to fix the mood in that moment. You are telling them the door stays open, which is one of the most useful things a person can hear.

3

WHAT ACTUALLY HELPS FROM YOU

Presence over advice

IN SHORT

What helps most from you is not the right advice. It is steady presence, small invitations instead of pressure, and quiet practical help. Doing a little alongside them, keeping a gentle routine, and helping them stay connected all support recovery, more than any clever thing you could say.

Small, no-pressure invitations open a door.

The instinct is to find the words that will fix it. There usually are none, and reaching for them can leave both of you frustrated. What actually helps is steadier and simpler: being there, offering small invitations rather than pressure, and quietly carrying some of the practical load. A short walk offered, not insisted on. A meal cooked. Sitting together while they do nothing at all.

The thing that helps recovery is gentle re-engagement: small, doable actions added back slowly, with a little company. Your part is not to push, but to open easy doors. Offer the small thing, let them say no, and offer again tomorrow. An invitation that can be declined without cost is easier to accept than a plan to live up to.

More, if you want it

Practical scaffolding counts as much as warmth. Helping book the appointment, going along to the first visit, taking over a chore that has piled up, sorting one small thing so the day feels less impossible. These are not small at all to someone whose energy has been switched off by the illness. You are not doing it for them forever. You are lowering the first step so they can take it.

4

WHAT TO SAY, AND WHAT NOT TO SAY

The words that land

IN SHORT

You do not need perfect words. You need warm, simple ones that do not blame. Listening and staying beside them helps; cheer up, snap out of it, and count your blessings do not, because they tell a person their illness is a choice. When in doubt, say less and stay longer.

The most common mistakes come straight from love. We reach for cheer up, count your blessings, others have it worse, hoping to lift them. To someone with depression these land as you should be able to feel better, which only adds shame. The fix is not a script to memorise. It is to listen, to stay, and to drop the blame and the pep talk.

Instead of trying to talk them out of it, try simply naming what you see and offering company. You do not have to say the right thing. You have to stay, and mean it. Silence beside someone often says more than the cleverest reassurance.

TRY THIS

Pick one phrase to retire this week (snap out of it, or you have so much to be grateful for) and one to use in its place: that sounds really hard, I am here, or what would help right now, even a little. Notice how differently the second kind lands.

5

LOOKING AFTER YOURSELF

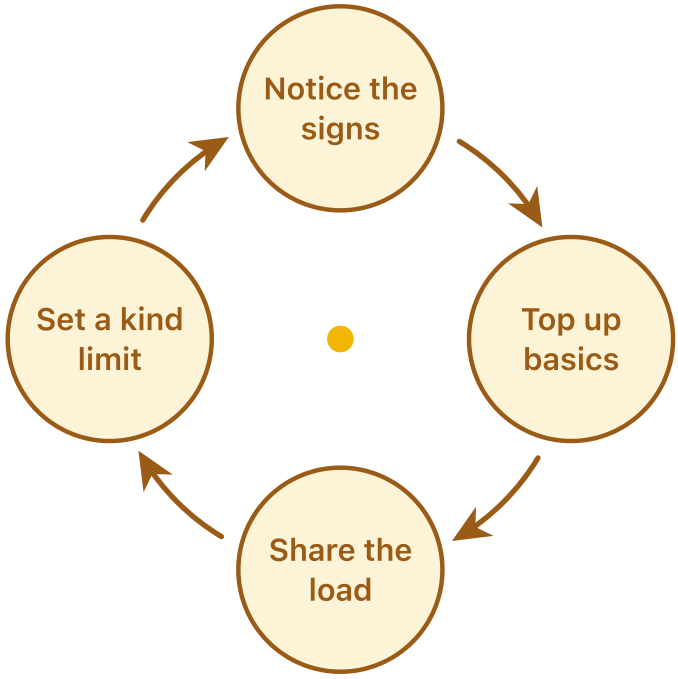
You cannot pour from an empty cup

IN SHORT

Caring for someone with depression is a marathon, and it is heavy. The strain on a carer is real and measurable. Protecting your own rest, your own support, and your own limits is not selfish, it is what lets you keep helping. You matter in this too, not only as a helper.

It is easy to disappear into caring for someone, especially in families where stepping back feels like abandonment. But the burden on a carer is real, and research on Indian families finds that how supported a carer feels, and how much they carry, shapes their distress as much as the illness itself does. Running yourself empty does not help them. It just means two people are struggling instead of one.

So treat your own oxygen mask as part of the plan, not an afterthought. Protecting your rest, your friendships, and your limits is how you keep showing up. You are allowed to have a life, to say no sometimes, to lean on others, and to feel your own feelings without guilt.



The carer's own oxygen-mask loop. Each part keeps the next one possible.

Notice your warning signs: exhaustion, resentment, dread.

Top up your basics: sleep, food, a little time that is yours.

Share the load: let other family or friends carry some.

Set a kind limit, then go back with something left in you.

You cannot pour from an empty cup. Looking after yourself is not turning away from them. It is how you stay able to turn toward them, again and again.

REMEMBER

This is a marathon, not a sprint, and flat weeks will come. You will get tired, lose patience, and say the wrong thing sometimes. That does not make you a bad carer. Keep the long view, lean on people, and forgive yourself the off days, the same grace you are trying to give them.

6

WHEN TO STEP IN

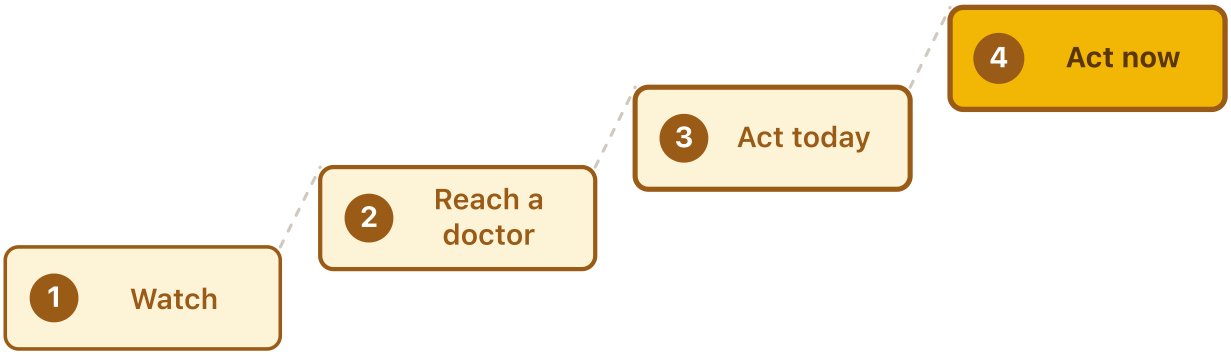
When to act, and crisis

IN SHORT

Reach for a doctor when the low mood runs the show: weeks where nothing lifts, sleep, work, or relationships falling apart, or talk that life is not worth living. Treatment works, and recovery is the usual outcome. Any talk of suicide is a reason to get help now, not later.

Most low patches pass on their own. It is time to help them reach a doctor when the low mood settles in and starts running their life: weeks where nothing lifts, ordinary tasks becoming impossible, sleep and appetite badly changed, or a complete loss of interest in everything they cared about. The good news is that effective treatment exists and recovery is the usual outcome, so reaching out early is worth it. For depression that is moderate or more severe, a doctor may offer talking therapy, medication, or both, chosen together with the person.

Some signs mean you act now, not at the next convenient moment. Any talk of ending their life, giving things away, or saying goodbye is an emergency, not a phase. If you are worried they may not be safe, do not leave them alone, gently reduce access to anything they could use to harm themselves, and get help. Asking them directly whether they are thinking of suicide does not plant the idea; it opens a door and can be a relief.



A simple ladder for when to step in. The higher the rung, the sooner you act, and the more you involve a doctor or helpline.

Watch: low mood for weeks, withdrawal, changed sleep and appetite.

Help them reach a doctor: when it is running their work, home, or relationships.

Act today: hopelessness, talk that life is not worth living, giving things away.

Act now: any talk or plan of suicide. Stay with them and call for help.

IF THEY MAY NOT BE SAFE

If you ever fear they may harm themselves, do not leave them alone. You can call Tele-MANAS, India's free national mental health helpline, on 14416, any time, day or night, for guidance and support, for them or for you. Reduce access to anything dangerous, stay close, and get them to a doctor or emergency service. The crisis card linked below has more numbers you can reach.

TRY THIS

Save 14416 in your phone now, before you ever need it, under a name you will recognise in a hard moment. Having it ready, and knowing you can call for advice even when the crisis is not yours, takes one decision out of the hardest day.

WHERE THIS COMES FROM

NICE guideline. Depression in adults: treatment and management (NG222). nice.org.uk/guidance/ng222

World Health Organization. Suicide: WHO fact sheet. who.int/news-room/fact-sheets/detail/suicide

World Health Organization. LIVE LIFE: an implementation guide for suicide prevention in countries (2021). who.int/publications/i/item/9789240026629

Ministry of Health and Family Welfare, Government of India. Tele-MANAS national tele mental health programme (helpline 14416). telemanas.mohfw.gov.in

Richards DA. Cost and outcome of behavioural activation versus cognitive behavioural therapy for depression (COBRA): a randomised, controlled, non-inferiority trial. Lancet, 2016. doi.org/10.1016/S0140-6736(16)31140-0

Cipriani A. Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. Lancet, 2018. doi.org/10.1016/S0140-6736(17)32802-7

Hegde A. Caregiver distress in schizophrenia and mood disorders: the role of illness-related stressors and caregiver-related factors. Nord J Psychiatry, 2019. doi.org/10.1080/08039488.2018.1561945

Gautham MS. The National Mental Health Survey of India (2016): Prevalence, socio-demographic correlates and treatment gap of mental morbidity. Int J Soc Psychiatry, 2020. doi.org/10.1177/0020764020907941

This guide helps you recognise and understand. It is not a diagnosis. For that, see a professional.

Feeling like it is all too much? **Read the crisis card.** Help is one page away.