The For You series

DEPRESSION AND LOW MOOD

When the low mood stays

A warm, plain guide to depression: why a low mood that stays is an illness and not laziness, what it does to the mind and body, the small first steps that lift it, and when to reach for help.

Who this is for: adults living with low mood or depression, and the people who love them.

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

Languages: English, Hindi, Marathi, and Kannada.

Read it free at weave.clinic/family

1

WHAT IS REALLY HAPPENING

It is not laziness or weakness

IN SHORT

Depression is a health condition, not laziness, a weak character, or a failure to try. When low mood settles in and stays for weeks, taking the colour out of things, that is an illness that can be treated, not a sign that you are not strong enough.

You may have been told to snap out of it, to count your blessings, that other people have it worse. You may have said the same things to yourself. The truth is that you have probably been trying very hard, just to do ordinary things, and getting very little back for the effort. The tiredness is real. The blame that comes after misses the point.

Depression changes how the brain and body work. Mood, energy, sleep, and the way you think about yourself all shift together, and they do not simply lift because someone tells them to. Depression is an illness of the brain and body, not a failure of will.

It is also far more common than most families ever say out loud.

around 1 in 20

adults live with depression

Most never say it aloud, and many never get the help that works. You are not the only one, and it is not a weakness.

More, if you want it

This is why "just pull yourself together" is such poor advice, however kindly it is meant. Once low mood has taken hold, getting out of bed, answering a message, or eating a meal can each cost more than the whole day used to. Meeting that with willpower alone is like being told to out-stubborn a fever. Understanding that this is an illness is not an excuse. It is the first honest step toward treating it.

TRY THIS

Say this once, plainly: this is a health problem, not proof that I am weak. Notice how different that feels from the things you have been told, or have told yourself. You are allowed to treat it as a condition to work on, not a fault to confess.

2

HOW IT TAKES HOLD

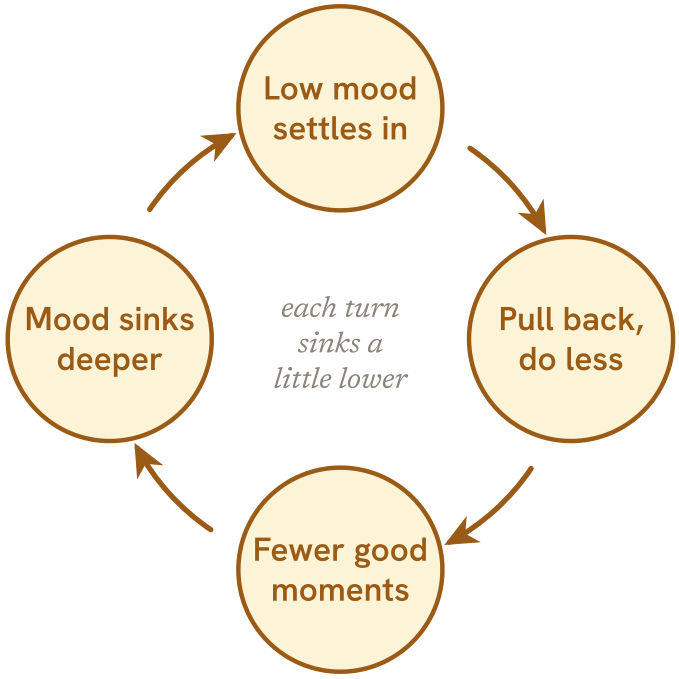
The downward pull

IN SHORT

Depression is more than ordinary sadness. Two things sit at its centre: a low mood that will not lift, and losing interest or pleasure in things you used to enjoy. That second part is why "just cheer up" does not work, the things that should help stop feeling good.

Sadness comes and goes for everyone. Depression is different. The low mood stays for most of the day, for weeks, and it dims the things that used to lift you, food, friends, music, work, the people you love. When the reward goes out of life, it is hard to want to do anything, and that is part of the illness, not a choice.

Then a quiet trap forms. Feeling low, you do less and pull away from people. Doing less feels like rest. But it quietly removes the very things that used to lift your mood, so the low feeling sinks deeper and doing anything feels harder. Doing less feels like rest, but it slowly feeds the low mood.



The low-mood loop. Pulling back feels like relief, but it quietly removes the things that lift you, so the mood sinks further.

Low mood settles in and weighs everything down.

You pull back, cancel things, do less.

Fewer good moments reach you, so there is less to lift the mood.

The low feeling sinks deeper, and doing anything feels harder.

More, if you want it

This is also why the advice to "stay busy and you will feel better" can ring hollow. The illness has turned down the very signal, interest, pleasure, energy, that would normally make doing things feel worth it. The way out is not to force a happy mood. It is to gently add back small, doable actions, knowing the feeling follows the doing, slowly, and not the other way around.

3

IT IS NOT ONLY IN YOUR HEAD

What it does to the body

IN SHORT

Depression is felt in the body too, not only in the mood. Sleep, appetite, and energy often change. Waking too early, sleeping too much, no appetite or eating for comfort, a tiredness that rest does not fix, trouble thinking or remembering, these are part of the illness.

People often expect depression to look like crying. Just as often it looks like a body that has slowed down. Sleep turns shallow or broken, and the early hours can be the hardest part of the day. Appetite drops away, or food becomes the only comfort. A heavy tiredness sits on everything, and sleep does not clear it. Thinking feels foggy, and small decisions become strangely hard.

These physical changes are not separate problems, and they are not you being lazy. The slowed body is the illness showing up in the body, not a lack of effort. Naming them as symptoms, the way you would name a fever, takes some of the shame out of them.

TRY THIS

For one week, jot down a single line each morning: how you slept, and your energy out of ten. You are not fixing anything yet, only noticing the pattern. A doctor can do a great deal more with "I wake at four and my energy is a two" than with "I just feel off."

4

WHAT ACTUALLY HELPS

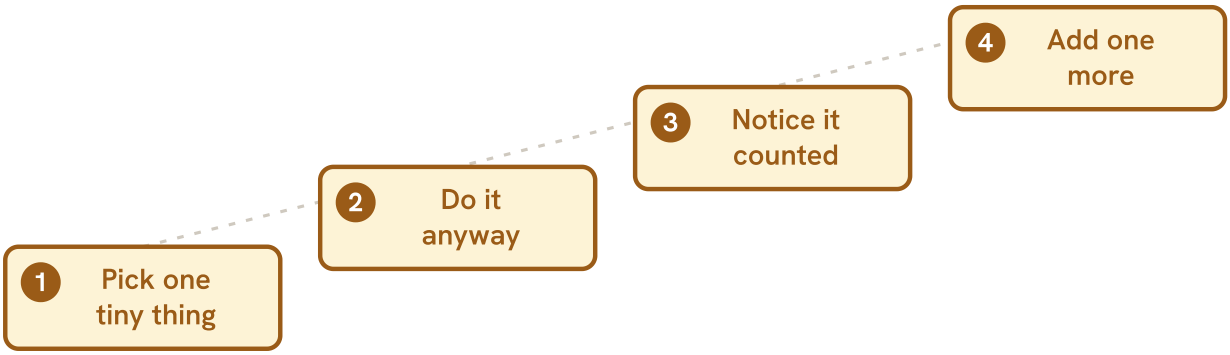
Small steps that lift it

IN SHORT

Help is real and it works. What helps most: gently doing a little more even before you feel like it, keeping a loose routine, staying connected instead of alone, talking therapy, and for some people medicine to weigh with a doctor.

The single most useful idea in depression is a quiet reversal. We wait to feel motivated before we act. In depression that wait never ends, because the illness has switched off the motivation. So you turn it around: you do the small thing first, and a little of the feeling follows. This is the heart of a treatment that works, and it starts almost absurdly small.

The trick is to pick something so small you are fairly sure you can do it: a five-minute walk, one shower, a single message to a friend. Then you do it whether or not you feel ready. You do not wait to feel like it. You do the small thing, and the feeling follows, a little. Then you keep what helped and add one more.



the mood follows the doing

You do not have to feel better first. The mood lifts a little after the doing, so the steps start tiny on purpose.

Pick one tiny thing, small enough that you are fairly sure you can do it.

Do it before you feel ready, action comes first, not motivation.

Notice that it counted, however small it felt.

Keep what helped, forgive a flat day, add one more step.

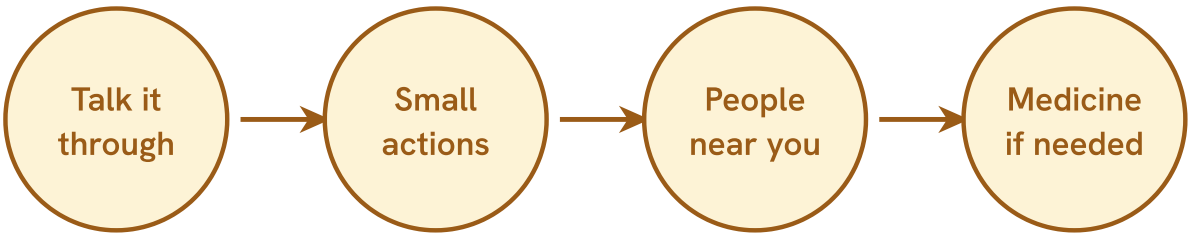
The other half is people. Connection, not isolation, is one of the strongest things going for recovery. Depression whispers that you are a burden and should withdraw, and that whisper is the illness, not the truth. Letting one trusted person in, a friend, a family member, a doctor, changes the odds.

Lata, taking the first small step.

Lata is 38 and teaches at a school in Dharwad. After months of dragging herself through each day, she stopped seeing friends, stopped cooking the food she loved, and told herself she was just tired and ungrateful. What turned things was small. A colleague she trusted noticed, did not lecture her, and simply walked with her to a doctor. The first weeks were slow and uneven. But she was no longer carrying it alone, and the smallest routines started, very gradually, to come back.

More, if you want it

Medicine can be part of the help, not a sign of failure. For depression that is moderate or more severe, a doctor may offer medicine, often called antidepressants, weighed with you against your health, your situation, and how you are doing. It does not work by magic, and it does not replace support, therapy, or your own small steps. But for the right person at the right time, it can lift the floor enough that the other things become possible. It is a tool to discuss with a doctor, not a thing to be ashamed of.



USED TOGETHER, ON FLAT DAYS TOO

Things that help, used together. You build them slowly, on the flat days too, not only the good ones.

Talking therapy that helps you act and rethink the dark thoughts.

Small daily actions, the doing that the mood follows.

People: a trusted person, a routine with others, support that fits your life.

Medicine a doctor may offer, when it is needed, weighed together.

REMEMBER

Recovery is not all-or-nothing, and a flat week is not the end. The skill is to keep the goal in sight, lean on people, and take the next small step, even when the last one did not go to plan. Smaller and steadier beats big and alone.

5

WHEN IT IS MORE THAN LOW MOOD

When to reach out

IN SHORT

When low mood lasts most of the day for weeks, when it takes over your sleep, work, or relationships, or when you have thoughts that life is not worth living, that is a signal to reach out, not to try harder alone. Treatment works, and reaching out early gives the best chance.

A low patch is part of every life. It is worth getting help when the low mood settles in and starts running the show. That can look like weeks where nothing lifts. Ordinary tasks feel impossible, sleep and appetite have changed, or you have lost interest in everything you used to care about. It can also look like thoughts that you are a burden, or that life is not worth living.

Help is real and it works. Talking therapies, support that fits your life, and medicine for some people often work best together, and the earlier you reach out, the better the odds. You do not have to reach some imagined breaking point first to deserve help. If you ever have thoughts of ending your life, please treat that as a reason to reach out now, not to push through alone.

IF THE THOUGHTS GET DARK

If you ever have thoughts of harming yourself, or that life is not worth living, please reach out right away. You do not have to carry that alone, and it can get better with help. You can call Tele-MANAS, the free national helpline, on 14416, any time, day or night. The crisis card linked below has more people you can reach.

TRY THIS

Write down one question you would want to ask a doctor or counsellor about how you have been feeling, and keep it on your phone. Having the question ready makes the first visit far easier, and the first visit is the hard one.

6

YOU ARE MORE THAN THIS

More than the low mood

IN SHORT

Depression is something you are living through, not who you are. Most people get better. It can return for some, and a return of the low mood is part of the road for many people, not a failure. The shame that surrounds all of this is the heaviest and least useful part.

The illness names one part. The rest of you is still here.

The hardest part for many people is not the sadness itself. It is the quiet belief that being depressed makes them weak, a burden, or a disappointment to everyone who loves them. That belief is understandable, and it is wrong. Depression is a condition you are working through, not a verdict on your worth, your love for your family, or your future.

Recovery is real and usually ordinary. Most people who get help do get better, and many get fully well. For some, the low mood returns later, and that too is part of the illness, not proof you have failed. A return of the low mood is a setback to treat, not the end of the road. In many Indian families this is carried in silence and called a weakness, and that silence falls heaviest on the person living it. The silence is the old shame talking, not the truth about you.

The same mind that learned to sink can, with help and time, learn to rise again. It rarely happens in one grand decision, and almost always in many small, quiet ones.

More, if you want it

Keep what helped, forgive the days that did not, and take the next small step. Beginning again, gently, after a dip is not starting over. It is the work itself, and it is how most real recovery actually looks. Steady ground comes back not in a single bright morning but in many ordinary days, most of them quiet, most of them helped by someone.

IN YOUR CORNER

If the low days ever bring thoughts that life is not worth living, that is a moment to reach out, not to push through alone. You can call Tele-MANAS, the free national helpline, on 14416, any time, day or night. The crisis card linked below has more people you can reach.

TRY THIS

Tonight, write down one thing you did today that the low mood would have stopped you doing. However small, that was you, choosing your life. Do this for a week, and watch what it does to how you see yourself.

WHERE THIS COMES FROM

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

World Health Organization. mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings, version 2.0. who.int/publications/i/item/9789241549790

World Health Organization. Depressive disorder (depression): WHO fact sheet. who.int/news-room/fact-sheets/detail/depression

Royal College of Psychiatrists. Depression. rcpsych.ac.uk/mental-health/mental-illnesses-and-mental-health-problems/depression

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

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.