Hope Therapy
& Counselling

A PRACTICAL GUIDE

Managing Low Mood & Depression

Understanding why it happens, and
practical steps toward feeling better

Hope Therapy & Counselling Services

hopefulminds.co.uk

What's Inside

About This Guide

Low mood and depression are among the most common reasons people seek therapy — and among the most misunderstood.

This guide is here to help you understand what depression actually is, how it differs from ordinary sadness, and what practical steps you can begin taking today.

If at any point things feel too difficult to manage alone, a free 15-minute consultation with one of our therapists is available at hopefulminds.co.uk

This resource is for informational and self-help purposes only. It is not a substitute for professional support. If you are having thoughts of harming yourself, please contact your GP, call 999, or reach the Samaritans on 116 123 (free, 24/7).

1 What Is Low Mood & Depression?

More than just feeling sad

It is completely normal to feel sad, flat, or low at times. Life brings loss, disappointment, setbacks, and difficult periods that naturally affect our mood. These feelings are a healthy part of being human.

Depression is different. It is a persistent state of low mood and loss of interest that goes beyond ordinary sadness. It affects how you think, feel, and function — often for weeks, months, or longer — and can make even simple daily tasks feel overwhelming.

> Depression is not a weakness, a personal failing, or something you can simply 'snap out of'. It is a recognised condition that affects around 1 in 6 people in England at some point in their lives. It is also one of the most treatable mental health conditions when the right support is in place.

"Depression lies to you. It tells you that nothing will help, that you're a burden, that this is just who you are. None of that is true."

Who does depression affect?

Depression can affect anyone — regardless of age, gender, background, or outward circumstances. It affects people who appear to 'have everything' just as readily as those going through obvious hardship. Many people experiencing depression look, from the outside, as though they are managing perfectly well. This can make it feel even more isolating.

2 Low Mood vs Depression: What's the Difference?

Understanding the difference can help you identify where you are and what kind of support might be most helpful.

	Low Mood	Depression
Duration	Hours to a few days	Weeks, months, or longer
Trigger	Often linked to a specific event	May have no obvious cause
Impact	Temporary dip in functioning	Significant impact on daily life

Relief	Can lift with rest, connection, distraction	Persists despite positive events
Pleasure	Still able to enjoy some things	Loss of pleasure in most activities
Physical symptoms	Mild or absent	Fatigue, sleep changes, appetite changes

It is worth noting that persistent low mood, if left unaddressed, can develop into depression over time. You do not need to wait until things feel 'bad enough' to seek support. Reaching out early is always the right decision.

3 What Does Depression Feel Like?

Recognising the signs

Depression can look very different from person to person. Some people feel a deep sadness; others describe a flat emptiness or numbness. Some become withdrawn and quiet; others become irritable or restless.

Persistent low mood

Feeling sad, empty, hopeless, or tearful most of the time — not just occasionally.

Loss of pleasure

No longer enjoying things that used to bring satisfaction, including hobbies, socialising, food, or intimacy.

Fatigue & low energy

Feeling exhausted much of the time, even after rest. Simple tasks can feel like enormous effort.

Negative thinking

A persistent inner critic. Thoughts of worthlessness, guilt, failure, or hopelessness that feel very convincing.

Sleep changes

Difficulty falling asleep, waking early, or sleeping excessively — yet rarely feeling refreshed.

Appetite changes

Eating much less or much more than usual. Significant weight changes without trying.

Difficulty concentrating

Trouble focusing, making decisions, or remembering things. A foggy or slowed-down mind.

Slowing down

Moving, speaking, or thinking more slowly than usual. Others may notice before you do.

Withdrawal

Pulling away from friends, family, and activities. Cancelling plans and preferring to be alone.

Irritability

Feeling easily frustrated, snappy, or intolerant — particularly common in men and younger people.

Physical symptoms

Unexplained aches, pains, or digestive problems that have no clear physical cause.

Feeling disconnected

A sense of numbness, unreality, or emotional flatness — not feeling much at all.

Depression in men can sometimes look different — more like anger, irritability, or risk-taking behaviour than sadness. In people who are neurodivergent, symptoms may also present differently. If something feels wrong, it is worth exploring, regardless of whether it 'looks like' typical depression.

4 The Science Behind Depression

What's happening in your brain and body

Depression involves changes in brain chemistry — particularly in the balance of neurotransmitters (chemical messengers) including serotonin, dopamine, and noradrenaline. These chemicals play a central role in regulating mood, motivation, sleep, appetite, and pleasure.

This does not mean depression is 'just' a chemical imbalance — the picture is more complex than that. But it does explain why depression has physical symptoms, and why interventions targeting brain chemistry (such as antidepressant medication) can be helpful for some people.

The Brain Under Depression

The prefrontal cortex

Responsible for rational thinking and decision-making. In depression, activity here is reduced — contributing to difficulty concentrating, indecision, and negative thinking patterns.

The amygdala

The brain's emotional alarm centre. In depression, this becomes overactive — increasing sensitivity to negative stimuli and contributing to feelings of fear, sadness, and irritability.

The hippocampus

Involved in memory and learning. Prolonged depression can reduce hippocampal volume, affecting memory and the ability to imagine positive futures.

The reward system

Dopamine pathways governing motivation and pleasure are disrupted in depression — explaining the loss of interest and inability to feel enjoyment (anhedonia).

The Body Under Depression

Depression is not only in the mind. It affects the entire body. Elevated cortisol (the stress hormone), disrupted sleep, reduced physical activity, and changes in appetite all create a cycle of physical changes that reinforce and deepen the depression. This is why addressing the physical dimension of recovery — sleep, movement, nutrition — is not optional, but essential.

"Depression is a whole-body experience. Treating it requires attending to the whole person — mind, body, and life."

5 What Causes Depression?

It's rarely just one thing

Depression rarely has a single cause. It typically develops from a combination of biological, psychological, and social factors — often described as the biopsychosocial model. Understanding your own contributing factors can be an important part of recovery.

Biological factors

Family history of depression or mental health conditions, hormonal changes (including postpartum, perimenopause, or thyroid issues), chronic physical illness, certain medications, and neurological differences can all increase vulnerability.

Psychological factors

Patterns of negative thinking, low self-worth, perfectionism, difficulty processing emotions, early experiences of loss or neglect, and unresolved trauma can all create a psychological vulnerability to depression.

Social & environmental factors

Loneliness and isolation, relationship difficulties, bereavement, unemployment, financial pressure, caring responsibilities, discrimination, and major life transitions (including positive ones like moving, having children, or retiring) can all trigger or worsen depression.

Life events

A significant loss, trauma, or period of prolonged stress can trigger depression even in people with no previous history. Depression does not always need a 'reason' — but when there is one, understanding it matters.

The maintenance cycle

Once present, depression tends to maintain itself. Withdrawal leads to less activity; less activity means fewer positive experiences; fewer positive experiences reinforce low mood. Understanding this cycle is key to breaking it — see Section 7.

6 Self-Assessment Checklist

This checklist is not a diagnostic tool. Only a qualified professional can assess and diagnose depression. However, it can help you identify patterns and give language to your experience. Tick anything that has been present for more than two weeks.

Mood & Emotions

- ☐ I feel sad, empty, or hopeless most of the time
- ☐ I feel numb or emotionally flat — I don't feel much at all
- ☐ I feel worthless, or like a burden to others
- ☐ I feel guilty about things, even when I haven't done anything wrong
- ☐ I feel irritable, short-tempered, or easily overwhelmed
- ☐ I find myself crying more than usual, or feeling like I want to but can't
- ☐ I feel disconnected from life, like I'm watching it from behind glass
- ☐ I feel as though things will never get better

Thoughts & Mind

- ☐ I struggle to concentrate, remember things, or make decisions
- ☐ My thinking feels slower or more foggy than usual
- ☐ I have a persistent inner critic — I am hard on myself much of the time
- ☐ I find it hard to see a positive future or imagine things improving
- ☐ I have lost interest in things I used to care about
- ☐ I have thoughts that life isn't worth living (if so, please speak to a professional)

Body & Behaviour

- ☐ I feel tired much of the time, even when I've rested
- ☐ My sleep has changed significantly — too much, too little, or very poor quality
- ☐ My appetite has changed — eating much more or less than usual
- ☐ I have slowed down physically — moving or speaking more slowly
- ☐ I have been withdrawing from friends, family, or social activities
- ☐ I have stopped doing things I used to enjoy
- ☐ I have been neglecting day-to-day responsibilities (work, household, self-care)

☐ I have been using alcohol or other substances more than usual to cope

Ready to talk to someone?

If anything in this checklist resonates, our free 15-minute consultation is a no-pressure way to explore whether therapy might help.

- Book at: calendly.com/hopetherapy/15-minute-consultation
- Or visit: www.hopefulminds.co.uk

7 The Depression Cycle

Understanding how depression keeps itself going

One of the most important things to understand about depression is that it is self-maintaining. The very things depression makes you want to do are the things that make it worse.

Mood drops	You feel low, tired, hopeless. Everything feels harder.
Activity reduces	You stop doing things — socialising, hobbies, exercise, work.
Fewer positive experiences	With less activity, there are fewer moments of pleasure, achievement, or connection.
Mood drops further	The brain receives less stimulation and fewer mood-boosting signals.
Withdrawal deepens	The idea of doing anything feels even more impossible. And so the cycle continues.

Breaking the Cycle

The key insight from CBT and behavioural science is this: you do not need to feel motivated before you act. Acting creates motivation. This is the opposite of how most people think it works.

By gradually increasing activity — even in very small steps — you begin to introduce positive experiences back into your life. Each small action sends a signal to the brain that contradicts the depressive narrative. Over time, the cycle begins to reverse.

"You don't have to feel ready. You just have to take the next small step."

8 Self-Help Techniques & Exercises

These techniques are drawn from CBT, behavioural activation, mindfulness, and positive psychology. None of them are quick fixes, and some will feel hard at first — that is normal. The goal is small, consistent steps, not dramatic change overnight.

Behavioural Techniques

1 Behavioural Activation

- Write a list of activities that used to bring pleasure or a sense of achievement
- Start with the smallest, easiest ones — even a 5-minute walk or making a cup of tea
- Schedule one or two small activities into each day
- Do them regardless of whether you feel like it — action before motivation
- Notice any small shift in mood afterwards, however brief
- Gradually increase the difficulty and range of activities over time

Why it works: Directly targets the inactivity-withdrawal cycle. One of the most evidence-based approaches for depression.

2 Activity & Mood Diary

- Keep a simple log: time of day, activity, mood rating (0–10)
- After one week, review: which activities coincided with slightly better mood?
- Which times of day tend to be harder? Which easier?
- Use this information to plan your days more intentionally

Why it works: Creates awareness of the activity-mood link and helps identify what genuinely lifts your mood rather than guessing.

3 Pleasure & Achievement Planning

- Each morning, plan at least one activity for pleasure and one for achievement
- Pleasure: something you might enjoy, even slightly (music, a walk, a bath)
- Achievement: something small that will give a sense of completion (a task, a call)
- Rate your anticipated enjoyment before, and actual enjoyment after
- Depression often causes us to underestimate how much we'll enjoy things

Why it works: Rebuilds the neural pathways connecting action with reward, gradually restoring the capacity for pleasure.

Thought-Based Techniques

4 Recognising Cognitive Distortions

- All-or-nothing thinking: "I failed, so I'm a complete failure"
- Mind-reading: "They didn't reply — they must be angry with me"
- Catastrophising: "This is going to be a complete disaster"
- Personalising: "It's my fault things went wrong"
- Filtering: Focusing only on the negatives, discounting the positives

Why it works: Naming a distortion creates distance from it. The thought loses some of its power when you can see it for what it is.

5 The Thought Record

- Write down a distressing thought as precisely as you can
- Rate how strongly you believe it (0–100%)
- List the evidence that supports it, then the evidence that contradicts it
- Ask: What would I say to a close friend who had this thought?
- Write a more balanced, realistic alternative thought and re-rate your belief

Why it works: Systematically challenges and loosens the grip of depressive thinking. A core tool of CBT.

6 Self-Compassion Practice

- When the inner critic speaks, pause and notice it
- Ask: Would I speak to someone I love this way?
- Try placing a hand on your heart and saying: "This is a moment of difficulty. May I be kind to myself right now."
- Write a letter to yourself as if writing to a dear friend going through the same thing

Why it works: Research shows self-compassion is as effective as self-esteem-building in reducing depression, and more sustainable long-term.

Mindfulness & Grounding

7 Mindful Observation

- Choose an object nearby and observe it for 2 minutes
- Notice its colour, texture, shape, weight, temperature
- When your mind wanders (it will), gently bring it back
- This can be done with anything: a cup of tea, a tree, the sky

Why it works: Interrupts the cycle of rumination by anchoring attention in the present moment. Works even when formal meditation feels impossible.

8 Three Good Things

- Each evening, write down three things that went okay today
- These do not need to be big — 'I made a cup of tea' counts
- For each one, note: why did this happen? What did I do?
- Do this every day for at least two weeks

Why it works: Depression creates a negativity bias. This exercise gradually trains the brain to notice and register positive events.

9 Opposite Action

- Identify the urge that depression is giving you (withdraw, cancel, stay in bed)
- Ask: what is the opposite of this action?
- Do the opposite — not because you feel like it, but as an experiment
- Start very small: reply to one message, step outside for two minutes

Why it works: From Dialectical Behaviour Therapy (DBT). Acting opposite to depressive urges directly challenges and weakens them.

10 Routine Building

- Depression thrives in the absence of structure
- Create a simple daily routine — consistent wake time, mealtimes, one activity
- You do not need to fill every hour — just create some anchors in the day
- Treat the routine as non-negotiable for 2 weeks and review

Why it works: Predictable structure reduces decision fatigue, regulates circadian rhythms, and creates a framework within which recovery can happen.

9 Reflection Exercises

These exercises are here to help you connect with your own experience of low mood or depression. Take your time. There are no right or wrong answers.

Exercise 1: Understanding Your Depression

How long have you been feeling this way? When do you first remember it starting?

What was happening in your life around that time?

What does depression stop you from doing that matters to you?

Is there anything that makes it even slightly better, even temporarily?

Exercise 2: Your Values & What Matters

What are the most important areas of your life? (e.g. relationships, work, creativity, health)

Which of these has depression affected most?

If your mood improved, what is the first thing you would do differently?

Exercise 3: A Letter to Yourself

Imagine a future version of yourself who has come through this difficult period. What might they want to say to you right now? Write it below.

A letter from my future self:

10 Looking After Yourself Day to Day

The physical foundations of recovery

Depression has a powerful physical dimension. Attending to sleep, movement, nutrition, and connection is not a luxury — it is part of treatment. These things will not resolve depression on their own, but neglecting them makes recovery significantly harder.

Movement & Exercise

Exercise is one of the most evidence-based interventions for mild to moderate depression, shown in research to be comparable to antidepressants for some people. It releases endorphins, boosts serotonin and dopamine, reduces cortisol, and improves sleep. Aim for 20–30 minutes of moderate activity most days. Start small: a short walk outside counts. Outdoor exercise has additional benefits.

Sleep

Depression and sleep problems are deeply intertwined. Prioritise consistent sleep and wake times even at weekends. Avoid long daytime naps, which can disrupt night sleep. Create a wind-down routine. If you're sleeping excessively, gently set a consistent wake time regardless of how long you slept.

Nutrition

There is growing evidence linking gut health, inflammation, and depression. A diet rich in vegetables, whole grains, oily fish, and fermented foods supports both brain and gut health. Reducing ultra-processed foods, sugar, and alcohol can make a meaningful difference to mood. Eat regular meals — skipping meals can destabilise blood sugar and worsen low mood.

Sunlight & Nature

Light exposure regulates circadian rhythms and stimulates serotonin production. Try to get outside in natural daylight each morning, even briefly. In winter, a light therapy lamp (10,000 lux) used for 20–30 minutes each morning can help, particularly for seasonal depression.

Social Connection

Withdrawal is depression's most effective ally. Even when it feels impossible, maintaining at least some human connection is protective. You don't need to talk about how you're feeling — simply being around people helps. Text a friend, attend one event, say yes to one invitation. Start very small.

Alcohol & Substances

Alcohol is a depressant. While it may temporarily numb difficult feelings, it significantly worsens depression over time — disrupting sleep, depleting neurotransmitters, and increasing negative thinking the following day. If you are using alcohol or other substances to manage how you feel, please speak to a professional.

Limit Rumination Triggers

Excessive social media use, negative news cycles, and unhelpful comparisons with others all feed rumination. Consider time-limiting your use of social platforms and being intentional about what you consume.

Structure & Small Goals

Depression removes the natural architecture of motivation. Giving each day a loose structure — and including at least one small achievable goal — creates a sense of forward movement. Complete it, acknowledge it, and build from there.

11 When to Seek Professional Support

You don't have to manage this alone

Self-help strategies can support recovery, but depression often requires professional support to fully address. If any of the following apply to you, please do reach out to a therapist or your GP:

- • Low mood or depression has persisted for two weeks or more
- • You have lost the ability to enjoy most things in your life
- • Your work, relationships, or daily responsibilities are being significantly affected
- • You are withdrawing from people and activities more and more
- • Self-help strategies have not been enough on their own
- • You are using alcohol, substances, or unhealthy behaviours to cope
- • You are experiencing thoughts of worthlessness, hopelessness, or that life isn't worth living
- • You have experienced depression before and recognise the pattern returning
- • You feel as though things will never improve
- • Someone who knows you well has expressed concern

Crisis Support: If you are having thoughts of suicide or self-harm, please contact your GP urgently, go to your nearest A&E;, or call 999.

- • Samaritans: 116 123 (free, 24/7 — call or text)
- • SHOUT: Text SHOUT to 85258 (free, 24/7 text support)
- • Emergency services: 999 if you or someone else is in immediate danger

"Asking for help is not giving up. It is the beginning of getting better."

12 How Therapy Can Help

Therapy for depression is not about being told what to do or analysed. It is a collaborative, confidential process in which you and a qualified therapist work together to understand your experience and find a way forward.

CBT — Cognitive Behavioural Therapy

CBT is one of the most extensively researched treatments for depression. It targets the negative thinking patterns and withdrawal behaviours that maintain depression, replacing them with more balanced thoughts and gradually increasing engagement with life. CBT is practical, structured, and teaches skills that last well beyond the end of therapy.

Person-Centred Counselling

Offers a genuinely warm, non-judgemental space to explore your feelings at your own pace. The therapist does not advise or direct, but offers full attention, empathy, and acceptance — an experience that is itself therapeutic for many people with depression, particularly those who have never felt truly heard.

EMDR — Eye Movement Desensitisation and Reprocessing

When depression is linked to unresolved trauma, difficult memories, or significant past experiences, EMDR can help the brain process and integrate these in a less distressing way. Many people find that memories which once felt raw and present become quieter and more distant following EMDR.

Hypnotherapy

Can be particularly helpful for depression linked to deeply embedded negative beliefs, unhelpful habits, or a sense of being 'stuck'. Hypnotherapy uses a relaxed, focused state to gently access and reframe patterns held below conscious awareness. You remain fully in control throughout.

Integrative Therapy

Many therapists draw on several approaches, tailoring their work to the individual. This means your therapy is shaped around what works best for you — not a fixed model.

At Hope Therapy, we match clients with the therapist best suited to their needs, preferences, and goals. All our therapists are qualified, registered, and experienced in working with depression.

Sessions are confidential. There are limited circumstances where this may need to change — for example, if there is a serious risk of harm — and your therapist will explain these clearly at the outset.

Ready to Take the Next Step?

When you're ready, a free 15-minute conversation is a good place to start.

No commitment. No pressure. Just a chance to explore whether we can help.

Book Your Free 15-Minute Consultation

calendly.com/hopetherapy/15-minute-consultation

Or visit us at: www.hopefulminds.co.uk

- ✓ Individual counselling, CBT, EMDR and hypnotherapy for depression
- ✓ Online sessions available nationwide across England
- ✓ Face-to-face sessions in selected locations
- ✓ Specialist support for LGBTQIA+ individuals and neurodiverse clients
- ✓ Qualified, registered therapists — all members of appropriate UK professional bodies
- ✓ Sessions are confidential — your therapist will explain the limits at the outset