MENTAL HEALTH & WELLBEING FACTSHEET

Depression and Low Mood

Recognising when a difficult period may need additional support

The short version

Feeling low can be a normal response to stress, loss, illness or change. Depression is more than feeling unhappy for a few days: symptoms may persist for weeks or months, recur and interfere with everyday life. Depression is a real health condition, not weakness or something a person can simply think their way out of. Effective support and treatment are available.

Low mood or depression?

Low mood	May involve sadness, worry, frustration, low confidence, tiredness or poor sleep. It often improves after days or weeks, particularly when the underlying difficulty eases or helpful support is introduced.
Depression	A persistent pattern of low mood and/or loss of interest or pleasure, accompanied by other symptoms and a meaningful effect on daily life. Symptoms can range from less severe to more severe.
Not always obvious	Some people appear cheerful, remain productive or focus on caring for others while struggling internally. Irritability, withdrawal, physical complaints or loss of motivation may be more noticeable than sadness.

When to seek an assessment

NHS guidance advises seeing a GP if symptoms are present for most of the day, every day, for more than two weeks. Seek help sooner if you are struggling to cope, daily life is being affected, symptoms are worsening, or you are concerned about your safety. You do not need to wait until every symptom is present.

How depression may affect you

Feelings	Persistent sadness, emptiness, hopelessness, helplessness, guilt, worthlessness, anxiety, irritability, tearfulness or feeling emotionally numb.
Thoughts	Harsh self-criticism, expecting the worst, difficulty deciding or concentrating, feeling like a burden, thoughts that life is not worth living, or thoughts of self-harm or suicide.
Body	Low energy, sleep disturbance, appetite or weight changes, unexplained aches and pains, constipation, reduced sex drive, or moving and speaking more slowly than usual.
Behaviour	Withdrawing, neglecting interests or self-care, avoiding responsibilities, reduced activity, difficulty starting tasks, or relying on alcohol, drugs, food, gambling or other behaviours to cope.
Daily life	Difficulties with relationships, parenting, caring, work, study, finances, household tasks and keeping appointments. Small decisions may feel exhausting.

Severity is about more than a symptom count

A clinician considers the number, frequency and intensity of symptoms, how long they have lasted, their effect on functioning, previous episodes, physical health, medicines, alcohol or drug use, social circumstances and any risk of self-harm or suicide. Depression can coexist with anxiety, pain, long-term illness and other mental-health conditions.

A physical-health review may be important

Some illnesses, hormonal changes, sleep problems, nutritional deficiencies, medicines and substance use can contribute to depressive symptoms. A GP can consider whether examination, medication review or tests are appropriate. Do not stop prescribed medication without clinical advice.

What can contribute to low mood or depression?

- bereavement, trauma, abuse, bullying or major change
- work pressure, unemployment, caring or retirement
- pain, disability, long-term illness or poor sleep
- family history and individual vulnerability
- relationship conflict, loneliness or lack of support
- money, housing, discrimination or legal worries
- pregnancy, the postnatal period or hormonal change
- alcohol, drugs, some medicines or health conditions

Depression often develops through several interacting factors. Sometimes there is no single clear cause; that does not make the condition less real or less deserving of care.

Grief, depression and other patterns

Grief	Grief is a natural response to loss and can include intense sadness, sleep or appetite changes and reduced concentration. It is not automatically depression, although bereavement can contribute to depression and extra support may be needed.
Seasonal pattern	Seasonal affective disorder is depression with a recurring seasonal pattern, commonly but not exclusively associated with winter.
Perinatal depression	Depression can occur during pregnancy or after a baby is born and may affect mothers, fathers or partners. Prompt support is important.
Bipolar disorder	Depressive episodes can occur in bipolar disorder alongside periods of unusually elevated or irritable mood and increased energy. Tell a clinician about these periods because assessment and treatment differ.
Psychotic depression	A small number of people with severe depression experience hallucinations or strongly held beliefs that others do not share. This requires urgent specialist assessment.

Evidence-based treatment

Active monitoring	For some less severe depression, a clinician may agree a short period of monitoring with a planned review rather than leaving the person without follow-up.
Guided self-help	Structured CBT-based materials, behavioural activation or problem-solving may be used with support from a trained practitioner.
Talking therapies	Options can include cognitive behavioural therapy, behavioural activation, interpersonal therapy, counselling for depression, mindfulness-based approaches or couples therapy, depending on need and preference.
Antidepressants	A prescriber may recommend medication, particularly for more severe depression or according to clinical history and preference. Benefits, side effects, interactions, monitoring and withdrawal effects should be discussed.
Combined care	For more severe depression, combined individual CBT and an antidepressant is one first-line option. Treatment should be chosen collaboratively and reviewed.
Specialist care	Severe, recurrent, psychotic, complex or treatment-resistant depression may require specialist mental-health assessment and additional treatments.

Medication safety

Take antidepressants as prescribed and attend reviews. Some people experience side effects or increased agitation, anxiety or suicidal thoughts when starting or changing treatment; seek prompt clinical advice if this happens. Do not stop antidepressants suddenly unless urgent medical advice tells you to, because withdrawal symptoms can occur. Planned tapering should be agreed with the prescriber.

Small steps that may support recovery

- choose one manageable task rather than an entire list
- use gentle movement adapted to health and ability
- break activities into short, achievable steps
- notice small changes rather than demanding instant recovery
- keep a simple daily rhythm for waking, meals and rest
- stay connected to at least one safe person
- reduce alcohol or drugs used to cope
- plan for difficult times and early warning signs

These approaches can support treatment but are not a substitute for assessment or care. Depression can make even simple actions feel difficult; needing help to begin is not failure.

Supporting someone else

- listen without arguing with, minimising or trying to quickly fix their feelings
- use specific offers such as making a drink, accompanying them to an appointment or helping with one practical task
- keep gentle contact even if they withdraw, while respecting boundaries
- encourage professional help and offer to help locate or contact a service
- ask directly about suicide if you are worried; asking does not put the idea into someone's mind
- take immediate action if someone cannot stay safe, and seek support for yourself too

Accessing help

NHS Talking Therapies	Adults in England can usually self-refer for depression without a GP diagnosis. A GP can also refer you or advise if another service is more suitable.
GP or prescriber	Seek an assessment when symptoms persist, daily life is affected, you are unsure about possible physical causes, or current treatment is not helping.

Urgent help and emergencies

Call 999 or go to A&E now

Do this if someone's life is at risk, they have seriously injured themselves or taken an overdose, or you do not feel able to keep yourself or someone else safe. A mental-health emergency should be treated as seriously as a physical emergency.

Urgent but not an emergency	Use NHS 111 online or call 111 and select the mental health option. You can also request an urgent GP appointment.
Samaritans	Call 116 123 free, day or night, 365 days a year, if you need a safe place to talk about whatever you are facing.

How Health Matters UK can support you

Health Matters UK can provide general education, help you notice wellbeing patterns, organise questions for appointments and identify realistic next steps around sleep, routines, movement and support. We can signpost appropriate healthcare and community services. We do not diagnose depression, provide psychological therapy, prescribe or recommend medication, or provide crisis intervention.

Recovery is not a test of character

Depression can narrow a person's energy, hope and ability to imagine change. Recovery may be gradual and uneven, but the right assessment, treatment, practical support and human connection can make a meaningful difference. A difficult day does not erase progress.

Important information

This factsheet is for general education and does not replace personalised medical advice, diagnosis or treatment. Use NHS 111 for urgent mental-health help. Call 999 or go to A&E if life is at risk, serious self-harm or overdose has occurred, or someone cannot be kept safe.

Preparing to speak with a professional

You do not need to explain everything perfectly. A few notes can help a GP, therapist or mental-health practitioner understand what has changed and what support may be suitable.

Symptoms	What have you noticed in your mood, interest, sleep, appetite, energy, concentration, body or behaviour?
Timing	When did it begin? Is it present most days? Has this happened before, or is there a seasonal, hormonal or life-event pattern?
Daily impact	What has become harder at home, at work, in relationships, with self-care or when managing responsibilities?
Health context	List relevant health conditions, pain, sleep difficulties, medicines, supplements, alcohol or drug use and recent changes.
Safety	Be honest about thoughts of self-harm, suicide, feeling like a burden or being unable to stay safe. This helps the professional arrange appropriate support.
Your priorities	Say what you most need help with and ask about treatment choices, benefits and risks, waiting times, review arrangements and what to do if symptoms worsen.

Evidence and review

Prepared in line with Health Matters UK's Evidence & Editorial Standards. Information was checked against current NHS and NICE resources. External guidance remains the responsibility of the issuing organisation.

• NHS. Depression. nhs.uk/mental-health/conditions/depression/

• NHS. Depression in adults: overview, symptoms and treatment. nhs.uk/mental-health/conditions/depression-in-adults/

• NHS. Low mood, sadness and depression. nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/low-mood-sadness-depression/

• NHS. Find NHS Talking Therapies for anxiety and depression. nhs.uk/nhs-services/mental-health-services/find-nhs-talking-therapies-for-anxiety-and-depression/

• NHS. Where to get urgent help for mental health. nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

• NICE. Depression in adults: treatment and management (NG222), reviewed January 2026. nice.org.uk/guidance/ng222

• Samaritans. Contact a Samaritan. samaritans.org/how-we-can-help/contact-samaritan/

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