



"Self-Help" Module Depression

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TEAM SAWAB

"Supporting Always All Broken Hearted"

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The Self-Help Anxiety Module has been developed by the SAWAB exclusively for educational and self-awareness purposes. The Kashmir Care Foundation has provided support to SAWAB for the production of this module.

The contents of this module are designed to provide a basic understanding, awareness, and guidance on mental health-related topics. However, it should not be considered a substitute for seeking professional mental health care, diagnosis, or treatment.

If you are experiencing persistent anxiety, emotional distress, difficulty functioning in daily life, or are struggling to manage your symptoms, we strongly encourage you to seek support from qualified mental health professionals, including psychiatrists and clinical psychologists. Your well-being is of utmost importance, and timely professional help is available.

If you have any questions, suggestions, or feedback regarding this module, please contact SAWAB at officialsawab3@gmail.com.

If you have comments about the ongoing and planned initiatives of the Kashmir Care Foundation (KCF), please contact KCF at info@kashmircarefoundation.org

SAWAB & Kashmir Care Foundation



TAKING CARE OF YOUR DEPRESSION

Dear Students,

This Depression Self Help Manual is for you—for the days when the world feels heavy, when smiles are hard to find, and when you're not quite sure how to ask for help. Depression can feel like a quiet storm inside, but you're not alone, and there is a way through.

Inside these pages, you'll find simple tools, honest words, and gentle steps to help you care for your mind and heart. This is not about fixing yourself—because you are not broken. It's about understanding your feelings, knowing that they matter, and learning how to heal with support, hope, and kindness.

You are brave for opening this ebook.

Let it remind you every day: You are seen, you are strong, and you are never alone.

With Care,

Kashmir Foundation Team

&

SAWAB (Brain and Behaviour Science Academy)



Glossary for Keywords

- **Neurotransmitter:** Chemical messenger in the brain transmitting signals between nerve cells.
- **Hormone:** A chemical messenger from glands that controls and regulates body functions like growth, mood, and metabolism.
- **Serotonin:** A neurotransmitter that helps regulate mood, sleep, appetite, and overall emotional well-being.
- **Dopamine:** A neurotransmitter that plays a key role in motivation, reward, pleasure, and movement control.
- Rumination: The repetitive and passive focus on distressing thoughts or problems without actively solving them.
- Case Vignettes: Short patient stories describing history, symptoms, and treatment for learning.
- Tele MANAS (Tele Mental Health Assistance and National Action for Suicide Prevention): A national tele-counseling service providing mental health support and suicide prevention via phone or online.





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Understanding Depression

"It's more than just feeling low—it's like your brain puts on gloomy glasses and everything starts to look darker."

Everyone feels sad sometimes. It could be after a fight with a friend, a tough exam, or just a really bad day. That's totally normal. But depression is something more than that. It's when those heavy feelings don't just go away—they stick around for most of the day, nearly every day, for weeks at a time. When you're depressed, it's not just your mood that feels off. Your thoughts, energy, motivation, and even your body can feel affected. You might start to see yourself, your future, and the world around you in a really negative light—like nothing will ever get better.



What these thoughts might sound like:

About Yourself:



About Others:



About the Future:



About the World:





When you're depressed, it can feel like everything is filtered through a negative lens. But like fog that lifts, these thoughts can shift—with support, practice, and small help.



Common Signs and Symptoms

Depression doesn't always look the same in everyone—but it often affects how you feel, think, behave, and even how your body functions. Sometimes, it creeps in quietly. Other times, it hits hard and fast.

Here are some signs to look out for:

Feelings:



Lonely, even around people

Worthlessness or guilt for no reason

Thoughts you might have:



"No one likes me."



"I'm a waste of space."



"I'm no good."



"I'm going to fail."



"I want to die"



Changes in Behaviour:



Spending more and more time alone



Staying in bed longer than usual



Stopping things, you used to enjoy or care about



Not taking care of yourself—like hygiene or daily routines





Refusal to go to school



Moving or speaking more slowly than usual (or feeling super restless)



Clings to parent/caregiver often

Physical Symptoms:



Poor concentration or memory



Big changes in appetite—eating too much or too little



Low energy or feeling constantly drained



Trouble sleeping—or sleeping way more than usual



Headaches, stomach aches, or body pain with no clear reason





Recognizing Depression in Teens

Sometimes depression doesn't look like what people expect. In teens, it can show up in ways that are easy to miss or mislabel as "moodiness" or "being lazy." This version—often called atypical depression—has some unique symptoms that aren't always talked about but are just as important to notice:

Some signs to look out for:

- Your mood improves when something good happens, but only for a short time
- You sleep a lot more than usual (and still feel tired)
- · You feel hungrier than normal and may eat to cope with emotions
- · You gain weight without meaning to
- You feel a heaviness in your body—like everything takes extra effort
- · You're super sensitive to criticism or rejection



Exploring the Causes

There usually isn't one simple reason why someone develops depression. Most often, it's the result of different factors working together—some biological (related to your body and brain), some psychological (related to thoughts and feelings), and some social (related to life experiences and relationships).

Biological Factors

Genetics:

Depression can run in families. Research suggests that if close relatives have experienced depression, it may increase the likelihood of someone developing it too. This is due to inherited traits that may make a person more vulnerable. Having a family history does not mean someone will definitely experience depression.





Hormonal changes:

Hormonal shifts due to stress, illness, or developmental stages can affect brain function and mood. These imbalances may cause emotional sensitivity or fatigue

Brain chemistry (Neurotransmitters):

Brains use chemical messengers to manage mood, energy, sleep, and appetite. When these chemicals—like serotonin and dopamine—are disrupted, it can contribute to depression. Some medications help restore this balance.

Psychological Factors

Thinking patterns:

When depressed, people tend to assume the worst, blame themselves, or overlook their strengths. These negative thinking habits can trap them in a cycle of low mood.

Early life experiences:

Difficulties or trauma experienced earlier in life—like neglect, criticism, or not feeling safe or supported—can increase vulnerability to depression later on.

Sense of failure:

Linking self-worth to outcomes—such as academic success, social approval, or personal goals—can create feelings of failure when things don't go as planne

Chronic stress:

Ongoing stress about school, family, health, or the future can wear down emotional resilience and contribute to depression.

Reduced activity and withdrawal:

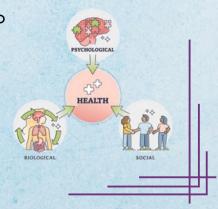
Pulling back from enjoyable or meaningful activities reduces opportunities for positive feelings and connection, making the depression feel deeper.

Social Factors

Difficult life experiences can trigger or contribute to depression.

These might include:

- Losing someone you care about
- · Being bullied, excluded, or mistreated
- Conflict in friendships or relationships
- · Feeling isolated, unsupported, or rejected





What Keeps It Going

Sometimes depression doesn't just come from what happened in the past—it also sticks around because of what's happening now. When someone is feeling low, a few things can keep the depression going, even if the original cause has passed.

Negative thinking patterns:

People with depression often see themselves, the world, and their future in a negative light. Thoughts like "I'm not good enough" or "Nothing will ever change" become automatic, even if they aren't true. These thoughts shape how you interpret things around you, keeping your outlook negative and your mood low.



Reduced activity:

It's common to stop doing things you enjoy when you're feeling low. You might skip events, cancel plans, or stop hobbies. Without anything to look forward to or enjoy, life starts to feel empty—and this keeps the depression going.



Physical inactivity and lethargy:

When you're spending most of the day in bed, on the couch, or glued to a screen, you may start feeling even more tired and unmotivated. At the end of the day, it might feel like you've wasted time, which can lead to guilt or frustration—and that feeds the low mood.



Overthinking and rumination:

With more time alone and less stimulation, your brain has more space to spiral. You might find yourself going over past mistakes, worrying about the future, or criticizing yourself. The more you ruminate, the worse you feel.







Breaking the Myths

There are a lot of misunderstandings about what depression is—especially when it comes to teens. These myths can make it harder for people to speak up or get the support they need.

Let's clear a few of them up:

Myth: You have everything—friends, good grades, a loving family. What do you have to be depressed about?



Truth: Depression isn't always about life circumstances. It's a real condition that can affect anyone, even those who seem to have "no reason" to feel low. What's happening on the inside isn't always visible on the outside.

Myth: "It's just a phase—everyone gets sad sometimes."

Truth: Feeling sad is normal. But depression lasts longer and affects how you eat, sleep, think, and function. If it goes untreated, it can last months—not just days—and affect important parts of your life



Myth: "All teens are moody. It's just attitude."

Truth: Yes, teens can be moody, but when irritability is constant and comes with other signs like sleep changes, lack of motivation, or withdrawal, it could be depression. It's important to notice patterns, not just write them off.

Myth: "She's just lazy." / "He's not even trying."

Truth: Depression makes even simple things feel overwhelming. It's not about laziness—it's about struggling with energy, motivation, and emotional weight. Support helps more than pressure





Overcoming Depression

Managing depression isn't about doing one huge thing to feel better—it's about doing small, manageable things consistently that slowly start to improve your mood and daily functioning. These strategies are part of something called self-management, and they help you take an active role in your own recovery.

Here are the key areas where you can take small but powerful steps:

1. Information:

Understanding What You're Going Through Learning about depression helps you make sense of what you're feeling. It's not just about sadness—depression affects your thoughts, energy, sleep, and motivation. It can be triggered by biological, psychological, or social factors, and it's not your fault. Knowing the signs, when to seek help, and what support is available gives you more control over the situation. Many people think their feelings come directly from what happens to them. But often, it's not just the situation—it's how we interpret it. The same event can lead to different emotions depending on your perspective. Learning to notice and challenge these thoughts is a powerful step in managing how you feel—and something you'll explore more in this module.

For example, imagine a teacher scolds the entire class for not submitting an assignment. One student might think, "I've messed everything up," and feel ashamed. Another might think, "The teacher's just stressed," and feel unaffected. Someone else might think, "Why should I care? They're always yelling," and feel angry. Same situation—different thoughts, different emotional responses. Learning to recognise and gently challenge these thoughts is a powerful way to take back control of how you fee



HOW DEPRESSION WORKS

(using an example)

Early Experiences

Student A was often compared to others (like a sibling or classmate)
Someone Student A trusted and loved, passes away



Big Life Events Happen

Student A fails an exam / loses a friend / has a breakup



Negative Thoughts Begin

- It's all my fault
- I always mess things up
- No one will want me around
- I can't handle this



Repeating Self-Talk (In a Circle)

"I'm stupid"



keeps going in circles



What Happens As a Result (Symptoms)

Emotional: Feels sad, Anxious, Ashamed Mental: Overthinking, Difficulty in Concentration

Physical: Tiredness, No appetite

Behavioural: Clings to parent or caregiver, Avoid others



2. The Cycle of Depression and Behavioural Activation

When you're feeling depressed, it's common to start avoiding things—skipping classes, ignoring messages, or putting off assignments. While this may seem like a way to cope, it often makes things worse. The more you withdraw, the fewer positive experiences you have, and this can lead to more sadness, guilt, or a sense of failure. This creates a cycle: you feel low, so you do less, which makes you feel even worse, and the pattern continues.



One effective way to break this cycle is through behavioural activation, which means gently reintroducing small, meaningful activities into your day, even when you don't feel like it. Simple steps like attending one class, stepping outside for a short walk, listening to music, or texting a friend can help boost your mood and bring back a sense of routine and control.

A helpful way to start is by planning your days or weeks in advance, using a simple diary or planner. Try to balance your responsibilities (like school or chores) with activities you enjoy (such as hobbies, relaxing, or talking to someone). This approach gives your day more structure and helps you create small positive experiences again.

3. Relaxation and Mindfulness:

When you're feeling overwhelmed, anxious, or low, your mind can feel scattered and your body can stay tense without you even realising it. You might notice your jaw clenched, shoulders tight, or that you're constantly restless or tired. This is your body reacting to stress. Relaxation and mindfulness are two simple but powerful ways to help your mind and body slow down and reset. Relaxation techniques are about calming your body and reducing physical tension.

Something as simple as deep breathing, slowly breathing in through your nose and out through your mouth, can signal your brain to relax. You can also try progressive muscle relaxation, where you tense and release different muscle groups one by one. Even listening to calming music, nature sounds, or sitting quietly for a few minutes can help you feel more settled, especially after a long or stressful day.



Mindfulness, on the other hand, is about paying attention to the present moment without judging it. When you're mindful, you're not trying to "fix" how you feel—you're just noticing it and letting it be. You can practice mindfulness by doing everyday activities slowly and with focus, like walking, eating, or breathing. For example, instead of rushing through lunch while scrolling your phone, you might pause and actually taste your food, notice the textures, or focus on your breathing between bites



4. Coping with Unhelpful Thoughts

When you're feeling low, anxious, or overwhelmed, your thoughts can become harsh, negative, or really convincing —even if they're not entirely true. It might feel like these thoughts just happen automatically, and before you know it, your mood gets worse, your energy drops, and everything starts to feel heavier.



For example, after a tough day at school, you might think, "I messed everything up," even if only one small thing went wrong. Or if a friend doesn't text back right away, you might instantly think, "They're avoiding me," even though they might just be busy. These kinds of thoughts can sneak in quickly and shape how you feel, without you even realising it. The truth is, everyone has these kinds of thoughts sometimes. But when they show up again and again—especially during difficult moments—they can make you feel stuck, ashamed, or hopeless. It's not about pretending everything is fine or forcing yourself to "think positive." It's about learning to pause and ask: "Is this thought really true?" "Is there another way I could look at this?" "What would I say to a friend who was thinking this way?"

5. Taking Care of Your Physical Health

Your mind and body are connected—so even small changes to your physical habits can help shift your mood. Focus on three key areas: movement, nutrition, and sleep.

Movement

Regular activity boosts your mood by releasing natural feel-good chemicals and lowering stress. It doesn't have to be intense—walking, stretching, yoga, or dancing all help. What matters is doing it consistently, even in short bursts





Nutrition

What you eat affects how you feel. Try to include fruits, vegetables, whole grains, and healthy fats in your meals. Cut back on sugary or highly processed foods, which can drain your energy and mood. Staying hydrated also supports focus and clarity.



Sleep

Sleep problems and depression often go hand in hand. Set a regular sleep routine—same bedtime and wake time each day. Limit screens at night, avoid caffeine late in the day, and create a calm space for rest. Better sleep helps you think clearly and feel more balanced.



6. Problem Solving: Step by Step

When you're overwhelmed, even small problems can feel huge. Learning how to problem-solve gives you control, structure, and confidence—one step at a time

Identify the real problem

What's actually bothering you? ("I'm anxious about exams because I haven't started studying.")



Notice barriers

Are you avoiding it? Is it too much at once? Has something gone wrong before?

Focus on one issue

Choose something manageable or most urgent.

Brainstorm possible solutions

Write down anything that comes to mind—no judgment. Get creative.

Weigh the pros and cons

What's realistic? What's too stressful right now?

Try a small solution

Pick one idea and take action—even a 10 minute task counts.

Reflect on how it went

Better? Great. Slight change? Keep going or try another idea.



Case Vignette: 01

A 10-year-old female child was brought to the community mental health clinic by her parents, who were concerned about a noticeable and sudden change in her usual behavior. She had always been lively, full of energy, and known among family and friends as a little "chatterbox" who loved to talk, play, laugh, and ask endless questions. Her days were filled with imagination, stories, and joyful noise.



However, over the past two months, her bright and bubbly personality had faded. She began speaking very little, seemed withdrawn, and stopped playing like she used to. Her laughter became rare, she avoided going out with her cousins, and she showed little interest in the things that once excited her. Her appetite dropped, and in the last few days before the visit, she started refusing to go to school altogether. Her parents were especially troubled when she declined a picnic outing—something that would normally have thrilled her.

During the clinic visit, she avoided eye contact and quietly said that she didn't feel fine. She was unable to explain what exactly was bothering her, only that she didn't enjoy playing or going to school anymore. Her parents could not recall any recent upsetting event or major change at home or school that might have caused this shift. Taking her age and gentle nature into account, a child-friendly plan was started. She was engaged in regular, supportive talk-based sessions aimed at helping her express her feelings and gradually return to her routine. Her parents were involved closely and were encouraged to create a calm, loving environment and gently motivate her to reconnect with daily activities. She was also given a vitamin supplement to support her overall well-being.

Within a few weeks, small changes became noticeable—she smiled more, started showing interest in her surroundings, and slowly returned to play and social activities. By the end of one month, she had nearly returned to her earlier cheerful self. These sessions were continued for three months to help her regain full emotional strength and confidence. Her parents were guided to observe for any future changes and to return if needed.

Nearly a year has passed since then, and the child has remained well, active, and joyful—once again fully present in her chatterbox world.



Case Vignette: 02

A 17-year-old female student came for a consultation after experiencing a few months of low mood, reduced energy, difficulty focusing on studies, frequent crying spells, disturbed sleep, and, more recently, self-harming behaviour in the form of making shallow cuts on her forearm. During a detailed conversation, it was revealed that her emotional struggles had deep roots in her early life. Her mother passed away from cancer when she was just three years old. After that, her father remarried, and the home environment turned unfriendly and distant. Her stepmother did not treat her or her younger sister well, and her sister was eventually sent away to be raised elsewhere.



Over time, she grew emotionally distant from her father as well, and even her basic monthly expenses were taken care of not by her father but by her uncle, who was the only supportive figure in her life. The lack of warmth, care, and financial support from her immediate family had been affecting her deeply, leading to long-standing feelings of neglect and sadness.

With these concerns in mind, she was started on both medication to lift her mood and regular talking sessions that focused on helping her understand and manage her emotions, build healthier ways to cope, and learn how to relax during stressful times.

Within a few weeks, she began to show improvement, though she continued attending regular follow-ups. A major turning point came when she was accepted into a professional course, which gave her a sense of achievement and boosted her confidence. Over time, her self-harming behavior reduced significantly. She also learned how to handle difficult emotions and deal with conflicts in a more positive way, which helped her begin to heal from the emotional pain of her past. She continued regular follow-ups for nearly a year and remained emotionally stable and free of symptoms during that period.



Case Vignette: 03

Ms. X, a 32-year-old government school teacher from Jammu, sought help after experiencing persistent low mood, hopelessness, and a marked loss of interest in teaching, which began shortly after her divorce one month ago. Previously enthusiastic about her profession, she had become emotionally withdrawn, avoided school-related responsibilities, teaching her students felt like a uphill task which she previous enjoyed and distanced herself from colleagues.



Alongside these emotional struggles, she reported difficulty falling and staying asleep, early morning awakenings, reduced appetite, noticeable weight loss, low energy, impaired concentration, and ongoing feelings of guilt and worthlessness. Though she did not express any suicidal intent, she admitted to moments of deep self-blame and feeling like a failure.

During her evaluation, she appeared well-groomed but fatigued, with slowed speech and movement; she became tearful when discussing her divorce, though her thinking remained logical and she was oriented and aware of her condition. Her insight and judgment were intact, and she was open to seeking help. Based on the severity, impact, and context of her symptoms, she was diagnosed with Major Depressive Disorder, single episode, moderate severity.

Her treatment involved a combination of medication and twelve structured therapy sessions (talk sessions), which focused on helping her understand her symptoms, track her daily mood and activities, and gradually reintroduce meaningful and enjoyable tasks into her routine. She learned to identify and challenge negative thoughts, such as "I'm no longer useful" or "I've failed at everything," and replaced them with more realistic and compassionate perspectives. Therapy also addressed the emotional impact of her divorce, including her feelings of isolation and self-doubt, and supported her in rebuilding social connections and regaining confidence in her identity as a teacher.

Over time, she practiced problem-solving, became more self-compassionate, and began setting practical goals for her personal and professional life. By the end of therapy, she had developed a relapse-prevention plan, recognized her early warning signs, and committed to using strategies such as activity scheduling, thought reframing, and social support. She showed improved mood and sleep, enjoyed going to classes to teach regained her sense of hope, and felt more equipped to manage future challenges independently.





Quick Self-Test: Understanding Anxiety

- 01 Which of the following best describes a key feature of depression?
 - a) Short-term stress before an exam
 - b) Persistent low mood and loss of interest
 - c) Sudden bursts of energy
 - d) Always feeling angry

02 True or False:

Depression can affect sleep and appetite as well as mood.

- 03 Which of the following is NOT a helpful way to cope with depression?
 - a) Isolating yourself from family and friends
 - b) Seeking professional help
 - c) Maintaining a daily routine
 - d) Physical activity

04 Fill in the blank:

Depression is different from normal sadness because it is more _____ and interferes with daily functioning.

- of someone is experiencing severe depression with thoughts of self-harm, which professional should they consult first?
 - a) Cardiologist
 - b) Rheumatologist
 - c) Neurologist
 - d) Psychiatrist/Psychologist

06 True or False:

Children and adolescents cannot experience depression.

Answer Key:

1. b) Persistent low mood and loss of interest; 2. True; 3. d) a) Isolating yourself from family and friends; 4. Persistent / long-lasting; 5. d) Psychiatrist/Psychologist; 6. False



For parents:

If your child seems withdrawn, unusually quiet, easily upset, or no longer enjoys things — consider talking to a mental health professional early. Early support can go a long way.



For students:

It's okay to not feel okay. You don't have to carry everything on your own. Talking to someone can help you feel lighter and clearer.





Pathways to seek help

Some days can feel really heavy. You might feel low, tired, or just not like yourself. You may have lost interest in things you used to enjoy or feel disconnected from people around you. Whatever you're feeling — it matters. And you're not alone. If things feel too overwhelming or hard to handle, you can reach out for help.



At the community level, mental health services are available and should be contacted to seek professional help. The government has established facilities that provide both psychiatric and psychological care across different tiers, including the Department of Psychiatry at SKIMS Medical College Bemina., district hospitals, and medical colleges.

In Srinagar District, specialized mental health services are available at the Center for Child Guidance and Well-being (CGWC) at SMHS Hospital and at Institute of Mental Health and Neuroscience (IMHANS-K) at Badamwari, Srinagar



Reach out to Tele-MANAS: 14416/ 18008914416

It's free, government helpline, and there are trained mental health counsellors who will simply listen and help you feel more at ease.



Please don't hesitate to contact us with ideas & feedback at:

info@kashmircarefoundation.org



Scan QR code to visit our Website

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