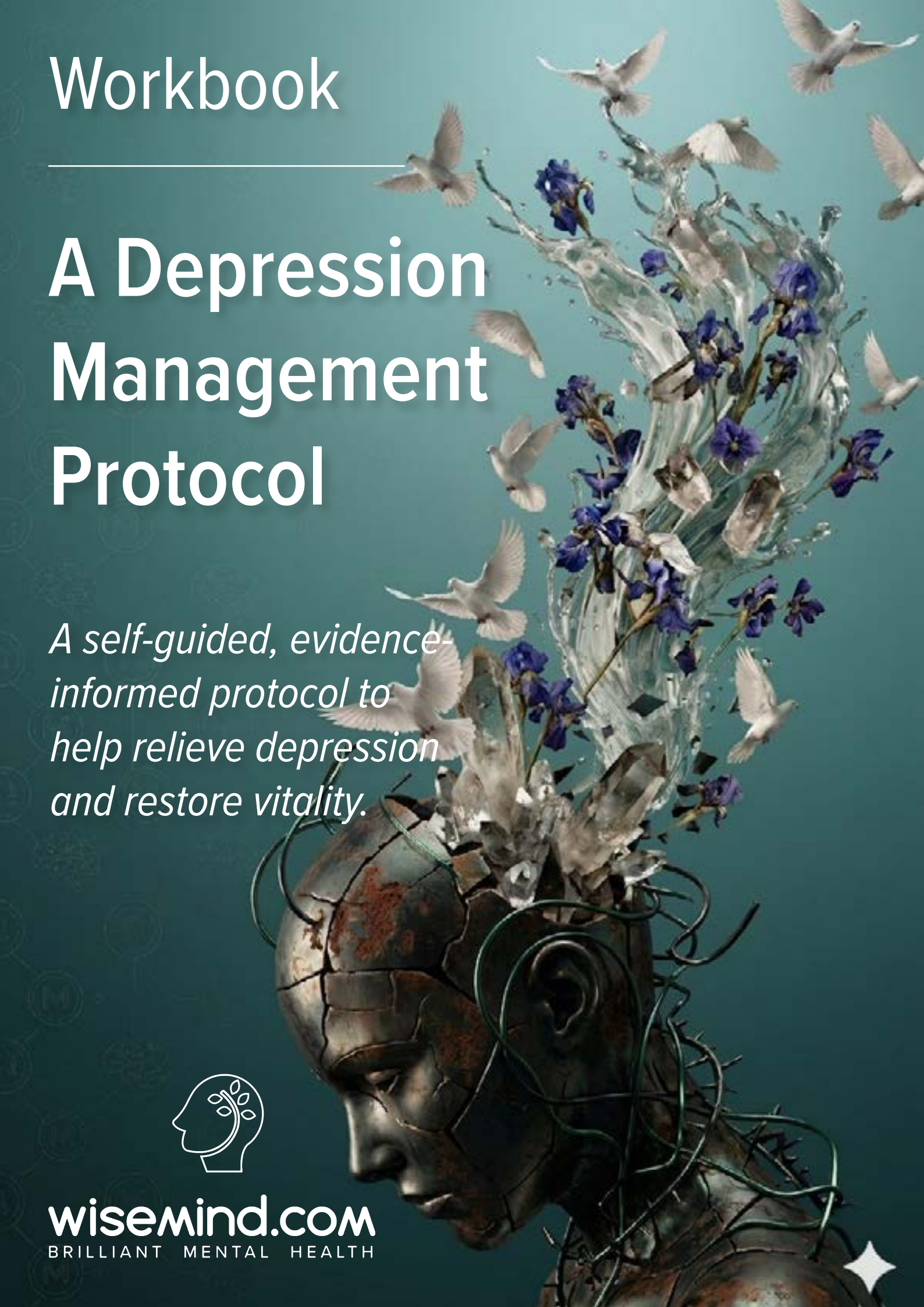
Workbook

A Depression Management Protocol

A self-guided, evidence-informed protocol to help relieve depression and restore vitality.



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BRILLIANT MENTAL HEALTH

A Depression Management Protocol

What to Expect

A Depression Management Protocol is a self-guided, therapy-informed framework designed to help you understand your unique depressive patterns, navigate difficult emotional loops, and build sustainable daily rhythms over time. This protocol is structured exclusively for psychological and educational awareness, serving as a supportive resource rather than a replacement for professional clinical care.

Our goal is to help you comprehend the behavioral, emotional, and cognitive drivers behind depression, bridging the gap between theoretical knowledge and the powerful biological patterns that influence how you live.

How It Works

Depression affects the entire system—altering your thoughts, energy levels, body clock, and relationships. Rather than treating these experiences as permanent identity traits or signs of personal weakness, this protocol treats them as a self-reinforcing loop that can be interrupted through targeted, evidence-informed skills:

- ***Behavioral Shifts:*** Learning to build momentum from the outside in using low-energy realism, rather than waiting for motivation to return on its own.
- ***Cognitive Distance:*** Recognizing automatic, harsh thinking traps and developing more balanced, workable perspectives without getting pulled into endless internal debates.
- ***Emotional Grounding:*** Moving away from secondary emotional struggle by practicing mindful non-resistance, allowing space for heaviness or numbness without letting those states dictate your actions.
- ***Systemic Support:*** Mapping out practical communication templates, protecting limited energy with gentle boundaries, and establishing minimum viable routines to support your brain health and body rhythms.

A Depression Management Protocol

An Important Safety Reminder

This protocol is educational and supportive. It is not a substitute for psychotherapy, medical care, or crisis intervention. If your symptoms are severe, rapidly worsening, or involve immediate concerns regarding your safety, please reach out to qualified professional services or local emergency care alongside these self-guided materials.

A Word from Our Director

A Depression Management Protocol is a self-guided, therapy-informed journey created to help you see your own depressive patterns clearly, navigate the emotional loops that keep you stuck, and slowly build daily habits that actually hold up in real life. It is designed to move you beyond surface-level tips and into the deeper neurological, behavioural, and emotional forces that are quietly shaping how you feel and how you live.

In my work as a psychologist, I have seen how depression often arrives quietly and settles in slowly—among clients, colleagues, and other health professionals who "should" know the signs, yet still find themselves overwhelmed. Over time, low mood and ongoing emotional strain wear down both body and mind, affecting decisions, sleep, work, and relationships. People describe a bone-deep exhaustion, a sense that nothing will really change, and a painful disconnection from meaning and purpose. Even with good knowledge and training, it can be incredibly hard to use evidence-based tools when your own nervous system is running on empty.

What truly supports recovery is rarely a single insight or a quick fix. It is the steady accumulation of simple, evidence-informed practices—small, repeatable actions that gradually reshape your days, your biology, and your sense of what is possible. This Protocol emerges from both my clinical training and my lived experience of walking alongside people in these states.

The curriculum is grounded in established self-help principles, peer reviewed journals and a clear understanding of how depression reinforces itself across thoughts, behaviour, relationships, and routines. Rather than asking you to "try harder" or wait for motivation, it offers structured, practical tools to interrupt automatic loops, soften spirals, and uncover the hidden habits that keep you stuck.

With clearer insight and kinder expectations, it becomes possible to make lasting changes – to your health, to your energy, and to your quality of life. A Depression Management Protocol is my way of placing a clear, structured path in front of you, so you're no longer navigating depression alone or in the dark. If you're ready to take that step, this work can support you in reclaiming a steadier, more authentic life—and I am honoured to start this journey with you.

Gary Pike
Clinic Director
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A Depression Management Protocol

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Companion Guide Notes for Audio Lesson 01

What Depression Is (And Isn't)

When: After Listening to Audio Lesson 01

Purpose: To reframe depression as a treatable mind-body state rather than a personal failure, introducing the self-reinforcing depression loop so you can identify your personal patterns and begin taking small, actionable steps toward recovery.

Overview: Understanding the Loop

Audio Lesson 01 reframes depression as a treatable mind-body state rather than a personal failure, illustrating how low mood and exhaustion create a self-reinforcing loop of withdrawal, reduced pleasure, and harsh self-blame. Crucially, this cycle is not your permanent identity, and because its components are interconnected, you can interrupt the downward spiral without waiting for motivation to return. By learning to map your personal patterns and observe your inner critic with distance, you can utilize evidence-informed principles like behavioral activation—taking small, realistic actions even when feeling entirely unready—to gradually shift neural pathways, clear cognitive blocks, and safely restore your natural energy and emotional vitality.

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Part 1: What Depression Is For Me

1.1 First reflection

Use these sentences to begin putting your experience into words:

Right now, depression feels most like:

The hardest part for me lately has been:

What I most want to understand is:

What I most want help with is:

1.2 Gentle reframe

Complete these prompts without trying to force a positive answer.

Depression may be affecting my:

- ☐ mood
- ☐ energy
- ☐ sleep
- ☐ motivation
- ☐ thinking
- ☐ concentration
- ☐ appetite
- ☐ relationships
- ☐ daily functioning

What this tends to make me believe about myself is:

A kinder or more accurate reframe might be:

1.3 My experience in four areas:

Area	What I notice in myself
Thoughts	lrdfghdfkjghdfgkjdfgh
Feelings	
Body / Energy	
Behaviour / Daily Life	

Notes:

sdjkfsdkjfdskjfhskjfsdkjdsfhskdjfhsdkjfhsdkj

Part 2: Self-Monitoring Snapshot

2.1 Weekly check-in:

Tick what best fits the last 7 days:

Area	Not at all	A little	Moderate	Quite a lot	Severe
Low mood	☐	☐	☐	☐	☐
Loss of interest / pleasure	☐	☐	☐	☐	☐
Low energy / fatigue	☐	☐	☐	☐	☐
Self-criticism	☐	☐	☐	☐	☐
Withdrawal / isolation	☐	☐	☐	☐	☐
Poor concentration	☐	☐	☐	☐	☐
Sleep disruption	☐	☐	☐	☐	☐
Hopelessness	☐	☐	☐	☐	☐

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2.2 Quick notes

What seems worse this week?

What seems slightly better, even if only a little?

What might have influenced this?

2.3 Functional snapshot

Eating regularly:	☐ Yes	☐ No	☐ Some days
Showering / basic care:	☐ Yes	☐ No	☐ Some days
Getting up / starting the day:	☐ Easy	☐ Hard	☐ Very hard
Leaving the house:	☐ Yes	☐ No	☐ Limited
Contact with people:	☐ Enough	☐ Too little	☐ None
Ability to do tasks:	☐ Mostly	☐ Partly	☐ Hardly able

Notes:

Part 3: Pattern Mapping

3.1 What usually comes first?

When depression starts pulling me downward, what usually happens first?

3.2 What happens next?

What often follows after that?

3.3 My depression loop

Fill in the chain as simply as you can.

Trigger or shift:

Then I tend to feel:

Then I tend to think:

Research Appendix and Clinical Foundations

Journal References: A Depression Management Protocol

Lesson 1: What Depression Is (And Isn't)

Audio Lesson 01 provides foundational evidence that explaining what depression is, how it works, and how it's treated is itself a meaningful intervention, validating a structured focus on understanding the "depression loop" and stepping out of self-blame.

1. Psychoeducation as an adjunctive treatment for depression

Citation: Sánchez-García, A. B., et al. (2025). Psychoeducation as an adjunctive treatment for depression. *Journal of Affective Disorders Reports*.

This recent review summarizes randomized and quasi-experimental studies where structured psychoeducation was added to usual depression care. It finds that psychoeducation can reduce depressive symptoms and improve adherence and functioning when used alongside medication or psychotherapy. Supporting using Audio Lesson 01 as structured psychoeducation about symptoms, causes, and treatment options, framed as an active therapeutic ingredient rather than "just information."

2. Effectiveness of psychoeducation for depression (systematic review)

Citation: Tursi, M. F. S., et al. (2013). Effectiveness of psychoeducation for depression: A systematic review. *Australian & New Zealand Journal of Psychiatry, 47*(11), 1019–1031.

This systematic review of 15 studies (inperson and distance formats) found that psychoeducation improves the clinical course of depression, treatment adherence, and psychosocial functioning. Increased knowledge about depression and its treatment is associated with better prognosis and reduced burden on families. Providing foundational evidence that explaining what depression is, how it works, and how it's treated is itself a meaningful intervention, validating our focus on understanding the "depression loop" and stepping out of selfblame.

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3. Clinical practice guidelines for psychoeducation

Citation: Grover, S., et al. (2020). Clinical practice guidelines for psychoeducation in psychiatric disorders. *Indian Journal of Psychiatry, 62*(Suppl 2), S319–S332.

These guidelines review evidence for psychoeducation across psychiatric conditions, including depression, and provide bestpractice recommendations for content, delivery, and integration with other treatments. Psychoeducation is framed as a core part of modern psychiatric care, improving insight, adherence, relapse prevention, and empowerment.

4. Psychoeducation group for depression – PEGD protocol

Citation: Bühler, J., et al. (2025). Psychoeducation Group for Depression (PEGD): Study protocol for a prospective, randomized, single-blind, crossover trial. *BMC Psychiatry* (In press).

This prospective randomized trial protocol tests a structured psychoeducation group programme for adults with depression as an adjunct to usual care. It reflects growing recognition that pharmacotherapy alone is often insufficient and that structured educational support can enhance symptom control, functioning, and relapse prevention.

5. Digital mental health tools and understanding depression

Citation: Cheung, K., et al. (2023). Effectiveness of digital mental health tools to reduce depression and anxiety in low and middle-income countries: Systematic review and meta-analysis. *Journal of Medical Internet Research, 25*, e40213.

This metaanalysis of 18 trials of digital mental health tools (web- and appbased) found moderate to large effects in reducing depression and anxiety symptoms. Many interventions combined psychoeducation with CBT elements, selfmonitoring, and exercises, delivered in a selfguided or minimally guided format. Supports our digital, selfguided format: presenting psychoeducation, normalizing depression as a treatable condition, and introducing core concepts via audio and online materials, consistent with evidence that digital psychoeducational tools can meaningfully reduce depressive symptoms.

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Lesson 02: Reclaiming Energy Through Small Actions

In *Audio Lesson 02*, we are essentially answering: *"What actually helps depression, and how do different evidence-based treatments fit together?"* Here are five recent peer-reviewed articles that support this position.

1. Management of Depression in Adults – overview of treatments

Citation: Simon, G. E., Moise, N., & Mohr, D. C. (2024). Management of depression in adults: A review. *JAMA, 332*(2), 141–152.

Narrative review of prevalence, diagnosis, and treatment of major depression in adults. Summarizes evidence that specific psychotherapies (CBT, behavioural activation, problem-solving, interpersonal, brief psychodynamic, mindfulness-based) and more than 20 antidepressants all outperform usual care or placebo, with combination therapy often best for more severe or chronic cases. Psychotherapy is as strong as meds for many people, and combining them is often best in tougher or longstanding depression.

2. Validated treatments and future directions

Citation: Cuijpers, P., et al. (2021). Major depressive disorder: Validated treatments and future challenges. *Neuropsychopharmacology, 46*(7), 120–135.

Broad review of validated therapies for major depressive disorder, covering psychotherapies (notably CBT and behavioural activation), pharmacotherapy, neuromodulation, and lifestyle approaches. Emphasizes that several psychotherapies show comparable short-term efficacy to antidepressants and highlights the need for individualized, stepped, and combined treatment strategies. No single treatment fits everyone, and that psychotherapy, medication, and lifestyle changes are all evidence-based tools you can combine in a personalized plan.

3. Nonpharmacologic and pharmacologic treatments (living guideline)

Citation: Qaseem, A., et al. (2023). Nonpharmacologic and pharmacologic treatments of adults in the acute phase of major depressive disorder: A living clinical guideline from the American College of Physicians. *Annals of Internal Medicine, 176*(3), 338–351.

Guideline recommending CBT or a second-generation antidepressant as initial monotherapy for moderate–severe MDD, with combined CBT + medication as another first-line option. For mild depression, CBT monotherapy is suggested. It stresses tailoring decisions to patient preferences, symptoms, side-effect profiles, and feasibility.

4. Network meta-analysis of psychotherapy and exercise

Citation: Furukawa, T. A., et al. (2024). A systematic review and network meta-analysis of psychotherapy, exercise, and self-help for adult depression. *eClinicalMedicine*.

Network meta-analysis comparing multiple psychotherapies, exercise, and self-help formats. Finds that CBT, behavioural activation, interpersonal therapy, problem-solving, mindfulness-based therapies, group yoga, and supported or unsupported self-help all show clinically meaningful benefits over minimal care, with some differences by severity.

5. Digital interventions for depression (relevance to WiseMind format)

Citation: Cheung, K., et al. (2023). Effectiveness of digital mental health tools to reduce depression and anxiety in low and middle-income countries: Systematic review and meta-analysis. *Journal of Medical Internet Research, 25*, e40213.

This metaanalysis of 18 trials of digital mental health tools (web- and appbased) found moderate to large effects in reducing depression and anxiety symptoms. Many interventions combined psychoeducation with CBT elements, selfmonitoring, and exercises, delivered in a selfguided or minimally guided format. Supports our digital, selfguided format: presenting psychoeducation, normalizing depression as a treatable condition, and introducing core concepts via audio and online materials, consistent with evidence that digital psychoeducational tools can meaningfully reduce depressive symptoms.

Lesson 03: Unhooking From Harsh Thoughts

In *Audio Lesson 03*, we are moving into self-management and skills for living with depression day-to-day (monitoring, coping actions, lifestyle, active role). These five recent/seminal articles support that focus.

1. Self management of depression: Beyond the medical model

Citation: Blythin, S., & Meiser-Stedman, R. (2019). Self-management of depression: Beyond the medical model. *British Journal of General Practice, 69(683)*, 432–433.

This conceptual review argues that depression management should extend beyond medication toward self-management approaches that help people understand their patterns, use coping strategies, and work collaboratively with professionals. It draws on chronic-illness models to place patients as active agents rather than passive recipients of care. Supporting teaching wisemind.com's therapy pathways self-monitoring, coping actions, and personalised routines as core parts of treatment, not optional extras.

2. What self management strategies people actually use

Citation: Kraus, C., et al. (2018). The use and helpfulness of self-management strategies for depression: The experiences of patients. *PLOS ONE, 13*(10), e0206262.

Surveyed 193 adults recovering from major depression about 50 self-management strategies. Most participants used a wide range of strategies and rated engaging in treatment, physical activity, leaving the house, and planning pleasurable activities as particularly helpful. Providing concrete evidence for specific day-to-day strategies we teach (behavioural activation, movement, getting outside, sticking with treatment) and validates encouraging people to assemble their own small "toolkit" of helpful actions.

3. Therapeutic guidelines for self management of MDD

Citation: Silva, L. F., et al. (2025). Therapeutic guidelines for the self-management of major depressive disorder: Scoping review. *Interactive Journal of Medical Research, 14*, e63959.

Scoping review of 62 studies identifying seven major groups of self-management guidelines: psychotherapy skills, healthy habits (sleep, exercise, diet), integrative practices, relaxation, working with professionals, medication, and enjoyable activities. It positions therapeutic guidance as a key resource to make patients "protagonists" of their own health. Supports mapping personal levers (sleep, activity, connection, coping skills, professional support) and

turning them into a structured personal protocol.

4. Depression self management support: systematic review

Citation: Gunn, J., et al. (2012). [Depression self-management support: A systematic review. *AHRQ Evidence Report / NCBI Bookshelf*.

Systematic review of self-management support (SMS) programmes for depression. Across six studies, SMS interventions were generally superior to care as usual for reducing depressive symptoms and improving self-management behaviours and self-efficacy, with promising effects on functioning, though relapse data and cost-effectiveness were mixed. Showing that structured self-management programmes work, justifying a whole wisemind.com lesson on building one's own plan, increasing self-efficacy, and practicing specific skills between or alongside formal therapy.

5. Self management strategies and care needs in persistent depression

Citation: Han, C., et al. (2025). Self-management strategies and care needs of patients with persistent depressive disorder: A mixed-methods study. *Frontiers in Psychiatry, 16*, 1505396.

Explores how people with longstanding depression manage symptoms and what support they still need. Participants describe using strategies like structured days, physical activity, social contact, and meaning-focused activities, but also report gaps in guidance, coordination, and relapse-prevention support from services. Supporting wisemind.com teaching practical, sustainable routines and social rhythms while also encouraging appropriate professional follow-up.

Lesson 04: Making Space for Difficult Feelings

Audio Lesson 04 moves deeper into "living with depression over time" – consolidating skills, ongoing self-management, and preventing things from sliding. These five articles support that focus.

1. Self management strategies and clinical outcomes in depression

Citation: Kubo, H., et al. (2026). [Associations between self-management strategies and clinical and personal recovery outcomes in major depressive disorder. *Journal of Affective Disorders, 339*, 12–22.

Cross-sectional survey of 183 outpatients with MDD examining which self-management strategies patients use and how these relate to depressive symptoms and personal recovery. Greater use of structured self-management (activity planning, seeking support, routine, coping skills) is associated with fewer symptoms and better recovery indicators. Illustrating how this wisemind.com's lesson on building and maintaining a personal depression protocol (habits, supports, coping tools) as something that actively influences symptom levels and recovery.

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Citation: Gunn, J., et al. (2012). [Depression self-management support: A systematic review. *AHRQ Evidence Report / NCBI Bookshelf*.

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5. Self management of longer term depression – qualitative insights

Citation: Moran, P., et al. (2015). The self-management of longer-term depression: Learning from the patient, a qualitative study. *BMC Psychiatry, 15*, 172.

Interviews adults with recurrent or long-term depression about how they stay afloat between episodes. They describe learning their own early warning signs, pacing themselves, using activity and social connection intentionally, and needing validation that this long-term management work "counts" as part of treatment. Aligning with with wisemind.com focus on noticing patterns, pacing, and long-term maintenance habits, and helps ground the lesson in how people actually manage depression over years, not just acute episodes.

Lesson 05: Turning Toward Yourself With Kindness

In *Audio Lesson 05* we are focusing on self-compassion, shame, and the inner critic as they show up in depression. These five articles support treating self-criticism and low self-compassion as modifiable depression targets and using self-compassion interventions to help.

1. Self compassion interventions reduce depression

Citation: Ferrari, M., et al. (2023). Effects of self-compassion interventions on reducing depression, anxiety, and psychological distress: A systematic review and meta-analysis. *Clinical Psychology Review, 99*, 102240.

This meta-analysis of 27 randomized or quasi-experimental studies found that self-compassion interventions produced significant reductions in depression, anxiety, and stress, with medium effect sizes at post-treatment and follow-up. Benefits appeared across different formats (group, self-help, online). Illustrating the efficacy of wisemind.com approach of self-help and online teaching self-compassion practices and "speaking kindly to yourself" as active depression interventions.

2. Self compassion, chronic depression, and emotion regulation

Citation: Krieger, T., et al. (2019). The relationship between self-compassion and chronic depression: Cross-sectional and prospective analyses. *Psychological Psychotherapy, 92*(3), 362–378.

In patients with chronic depression, lower self-compassion was associated with greater symptom severity, more rumination, and worse emotion regulation. Baseline self-compassion predicted changes in depression over time, suggesting it is not just a correlate but a meaningful therapeutic target. Wisemind.com framing harsh self-criticism and lack of self-kindness as core maintenance factors, and explains why building self-compassion is relevant even when depression feels longstanding or "stuck".

3. Self compassion, future outlook, and wellbeing

Citation: Phillips, W. J., & Hine, D. W. (2018). Future-outlook mediates the association between self-compassion and wellbeing. *Personality and Individual Differences, 135*, 143–148.

This study found that higher self-compassion is linked to better psychological wellbeing, partly because it fosters a more hopeful, constructive view of the future. People who are kinder to themselves seem less trapped by negative expectations and more able to imagine change. Underpinning this wisemind.com lesson where you connect self-compassion to less hopelessness, less "I'll always be like this," and more realistic hope, and links nicely to your future-self / relapse-prevention meditations.

4. Self compassion, depression, and anxiety – broader overview

Citation: MacBeth, A., & Gumley, A. (2012). Exploring the relationship between self-compassion, depression, anxiety, and stress: A meta-analysis. *Clinical Psychology Review, 32*(6), 545–552.

Meta-analysis of 20 cross-sectional studies showing that higher self-compassion is strongly associated with lower depression, anxiety, and stress, with large effect sizes. The authors argue that self-compassion may be a protective factor and promising treatment target. Providing solid language to wisemind.com frame for explaining that people who learn to respond to their pain with kindness instead of attack tend to experience fewer depressive symptoms over time.

5. Mindfulness and self compassion in depression

Citation: Strauss, C., et al. (2025). Mindfulness and self-compassion—Allies in the struggle with depression. *Current Opinion in Psychology, 49*, 101639.

This review highlights how mindfulness and self-compassion together can interrupt depressive cycles: by reducing rumination, softening self-criticism, and increasing willingness to approach difficult feelings. It summarizes emerging trials showing symptom improvement when self-compassion components are added to mindfulness-based interventions. Supporting wisemind.com integration of mindfulness + self-compassion practices (e.g., noticing the critic, softening tone, kind phrases) and explains to users why these skills are not indulgent but evidence-based ways to change depressive patterns.

Lesson 06: You Don't Have To Do This Alone

Audio Lesson 06 is about resilience, coping over time, and using skills when mood dips (including future-self work), so these articles focus on self-management, resilience, and self-compassion as protective factors in depression.

1. Self management strategies and clinical outcomes in depression

Citation: Kubo, H., et al. (2026). [Associations between self-management strategies and clinical and personal recovery outcomes in major depressive disorder. *Journal of Affective Disorders, 339*, 12–22.

Cross-sectional survey of 183 outpatients with MDD examining which self-management strategies patients use and how these relate to depressive symptoms and personal recovery. Greater use of structured self-management (activity planning, seeking support, routine, coping skills) is associated with fewer symptoms and better recovery indicators. Illustrating how this wisemind.com's lesson on building and maintaining a personal depression protocol (habits, supports, coping tools) as something that actively influences symptom levels and recovery.

2. Effects of self management interventions on depressive symptoms

Citation: Cereceda-Bujaico, C., et al. (2021). The effects of self-management interventions on depressive symptoms in adults with chronic physical diseases: A systematic review and meta-analysis. *Journal of Psychosomatic Research, 147*, 110537.

Meta-analysis of 14 trials where self-management interventions (education + skills + action planning) were added for adults with chronic diseases and co-occurring depression. Small-to-moderate reductions in depressive symptoms were found compared with usual care. Wisemind.com future-self teaching in this lesson emphasises planning ahead, monitoring, and use of coping actions to reduce depression, even in complex chronic conditions.

3. Self management of depression beyond the medical model

Citation: Blythin, S., & Meiser-Stedman, R. (2019). Self-management of depression: Beyond the medical model. *British Journal of General Practice, 69*(683), 432–433.

Argues that depression care must go beyond medication and brief episodes of therapy toward ongoing self-management, where patients learn to understand their patterns, pace themselves, and use strategies across time. Supporting framing this lesson as "how you live with depression going forward"—using skills, pacing, and the wisemind.com protocol as an ongoing practice rather than a one-off intervention.

4. Self compassion, resilience, and negative affect

Citation: Harris, A., et al. (2026). The role of self-compassion in the relationship between resilience and negative affect. *Sci Rep 16*, 11939 (2026), 42585.

In 494 adults, higher resilience was linked to lower depression, anxiety, and stress, and self-compassion partly mediated this relationship. People who were kinder to themselves showed less negative affect and more resilience to adversity. Supporting wisemind.com weaving self-compassion into your future-self and relapse-prevention work, explaining that treating yourself more kindly helps you bounce back from dips and may buffer against worsening mood.

5. Self criticism, self compassion, and risk for recurrent depression

Citation: Ehret, A. M., et al. (2015). [Examining risk and resilience factors for depression: The role of self-criticism and self-compassion](https://pubmed.ncbi.nlm.nih.gov). *Journal of Affective Disorders, 186*, 337–344.

Compared currently depressed, remitted, and never-depressed adults. Both current and remitted groups showed higher self-criticism and lower self-compassion than controls. These traits predicted depression status even after accounting for perfectionism, rumination, and other emotion-regulation factors, suggesting they're key risk and resilience variables. Providing rationale for this wisemind.com lesson's focus on shifting from harsh self-criticism toward a steadier, kinder inner stance as part of long-term relapse prevention and future-self work.

Lesson 07: Sleep, Body Rhythms, and Brain Health

In *Audio Lesson 07*, we are centering resilience, "keeping going," and maintaining mental health over time. These five recent articles support wisemind.com teaching resilience-building, ongoing self-care, and relapse-prevention habits.

1. Resilience, physical activity, and mood

Citation: Lau, E. Y., et al. (2022). The association of resilience with depression, anxiety, and stress, and the role of physical activity: A longitudinal and cross-

sectional study. *BMC Public Health, 22*, 469.

Following Australian adults during COVID-19, this study found that higher resilience was consistently associated with lower depression, anxiety, and stress, and that engaging in at least 150 minutes of moderate–vigorous activity per week was linked to higher resilience, independent of mood symptoms. Confirming wisemind.com teaching movement and routine as resilience practices, not just symptom fixes, and explaining how small physical-activity habits help people stay steadier in the face of stress.

2. Psychological resilience and mood disorders – systematic review

Citation: MacDonald, C., et al. (2024). Psychological resilience and mood disorders: A systematic review and meta-analysis. *Journal of Affective Disorders, 337*, 120–135.

Systematic review and meta-analysis across mood-disorder studies shows that higher resilience is robustly associated with lower depressive symptoms and better functioning. Some longitudinal data suggest resilience can change and partly buffer the impact of stress on mood over time. Directly supports framing wisemind.com lesson as "building resilience on purpose"—cultivating skills and habits (connection, routines, values-based action) that make depressive episodes less likely and less severe.

3. Resilience to depression and stressful life events

Citation: Semkovska, M., et al. (2024). Modelling the relationship between resilience to depression and recent stressful life events in university students. *Psychological Reports*.

Using structural modelling, this study shows that resilience moderates the impact of recent stressful life events on depressive symptoms in students. Those with higher resilience experienced less increase in depression under similar stress loads. Helping explain that life will still be stressful, but resilience skills—like the ones in this depression management protocol—can change how much those stresses pull mood down, reinforcing the value of a "resilience toolkit".

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4. Resilience and depression – three-wave cross-lagged study

Citation: Cheng, C., et al. (2022). The role of resilience in depression and anxiety symptoms: A three-wave cross-lagged study. *Journal of Affective Disorders, 309*, 192–200.

Three-wave study over six months found a reciprocal relationship between resilience and mental-health symptoms: resilience predicted later depression/anxiety levels, and symptoms also influenced resilience. Authors conclude resilience is a dynamic process and a legitimate prevention and maintenance target. Supporting wisemind.com message that resilience isn't fixed; practicing skills and caring for mental health can strengthen it, which in turn supports lower symptoms and better coping over time.

5. Resilience, self compassion, and mental health outcomes

Citation: Lea, R. G., et al. (2024). Resilience, self-compassion, and mental health outcomes: A meta-analytic review. *Mindfulness, 15*(2), 321–340.

This review finds that self-compassion and resilience are both associated with lower depression and anxiety, and that self-compassion often contributes to resilience by helping people recover more quickly from setbacks. Interventions that increase self-compassion tend to improve both resilience and mood. Backs wisemind.com weaving together resilience practices and self-compassion—for example, helping users respond kindly to setbacks and then take one small constructive step, rather than collapsing into self-attack, as part of long-term depression management.

Lesson 08: Relapse Prevention and Your Ongoing Plan

Audio Lesson 08 in Depression Management Protocol is about relapse prevention and your ongoing plan – recognizing warning signs, using a personal protocol, and reducing relapse risk. These five articles support and reinforce that focus.

1. Mindfulness Based Cognitive Therapy to prevent relapse

Citation: Kuyken, W., et al. (2016). Effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of diabetic relapse or recurrence

(PREVENT): A randomised controlled trial. *The Lancet, 386*(9988), 63–73.

In adults with recurrent depression, MBCT plus tapering antidepressants was as effective as maintenance antidepressant medication at preventing relapse over two years, with some cost-effectiveness advantages. The programme focused on noticing early warning signs and responding differently to negative mood and thinking. Supports wisemind.com teaching relapse-prevention skills and early-warning sign monitoring, and integrating mindfulness-based practices into your one-page plan as a way to reduce relapse, not just current symptoms.

2. Relapse prevention in major depressive disorder – overview

Citation: Bockting, C. L. H., et al. (2015). Relapse prevention in major depressive disorder: A multilevel approach. *Journal of Affective Disorders, 174*, 400–410.

Reviews psychological and pharmacological strategies for preventing relapse in MDD, highlighting continuation/maintenance CBT, MBCT, interpersonal therapy, and structured relapse-prevention plans. Emphasizes identifying personal risk factors, early warning signs, and pre-planned responses as central to long-term management. Gives a direct evidence base for wisemind.com structured relapse-prevention worksheet: mapping triggers, warning signs, coping actions, supports, and thresholds for extra help.

3. Mindfulness Based Relapse Prevention and ongoing skills

Citation: Segal, Z. V., et al. (2013). Mindfulness-based cognitive therapy for preventing relapse in recurrent depression: A systematic review. *Journal of Affective Disorders, 144*(1–2), 3–12.

Synthesizes RCTs of MBCT for people with three or more depressive episodes. MBCT reduces relapse risk by about one-third compared with usual care, especially in those with more severe or chronic histories. Key elements include monitoring early shifts in mood and using skills quickly. Confirming wisemind.com message that learning to notice and respond early—and continuing to practice skills when you feel well—is an evidence-based way to lower relapse risk.

4. Self management interventions and depressive symptoms

Citation: Cereceda-Bujaico, C., et al. (2021). The effects of self-management interventions on depressive symptoms in adults with chronic physical diseases: A systematic review and meta-analysis. *Journal of Psychosomatic Research, 147*, 110537.

Across 14 trials, self-management interventions that taught people to monitor symptoms, set goals, problem-solve, and use action plans produced small-to-moderate reductions in depressive symptoms compared with usual care. Benefits were often maintained over follow-up. Supporting wisemind.com one-page "personal depression relief protocol" as a self-management intervention—helping people monitor themselves and act early rather than waiting for full relapse.

5. Self compassion as a relapse prevention factor

Citation: Krieger, T., et al. (2016). The relationship of self-compassion and depression: Cross-lagged panel analyses in depressed patients after outpatient therapy. *Journal of Affective Disorders, 198*, 224–231.

In 125 formerly depressed outpatients followed for 12 months after CBT, lower self-compassion predicted higher later depressive symptoms and higher risk of returning to a major depressive episode, while depressive symptoms did not predict later self-compassion. Showing that cultivating self-compassion is a genuine relapse-prevention target, justifying the link wisemind.com makes between Lesson 5's self-compassion work and Lesson 8's "future self and relapse-prevention" protocol.

PREVIEW

Companion Guide Notes for Audio Lesson 01

What Depression Is (And Isn't)

When: After Listening to Audio Lesson 01

Purpose: To reframe depression as a treatable mind-body state rather than a personal failure, introducing the self-reinforcing depression loop so you can identify your personal patterns and begin taking small, actionable steps toward recovery.

Overview: Understanding the Loop

Audio Lesson 01 reframes depression as *a treatable, comprehensive mind-body state affecting your mood, energy, thoughts, and behaviors*, rather than a reflection of personal weakness, laziness, or moral failure. When depression takes hold, it frequently generates a self-reinforcing loop where low mood and physical exhaustion lead to reduced activity and social withdrawal. This decline in activity strips away opportunities for achievement, connection, and pleasure, which in turn fuels harsh self-blame and hopeless thinking patterns. One of the most vital steps toward recovery is recognizing that you are simply experiencing this cycle; it is not a permanent identity or the deepest truth of who you are.

Because this loop is made of interconnected parts, sustainable change does not have to happen all at once. By learning to gently map your personal patterns and observe the inner critic with more distance, you can begin to interrupt the downward spiral. Instead of waiting for motivation to return—which can leave you feeling stuck indefinitely—this protocol introduces evidence-informed principles like behavioral activation. This approach emphasizes that taking very small, realistic actions while feeling entirely unready can gradually shift your neural pathways, clear away cognitive blocks, and safely restore your natural energy and emotional vitality.

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