

# Understanding *Depression*

A whole-person guide to what drives it — and what genuinely helps.

Depression is not weakness, laziness, or simply “feeling sad.” It is a treatable medical condition shaped by biology, life history, relationships, and circumstance. Understanding the threads that feed it — and the levers you can actually pull — is often the first real step out.

# What contributes to depression

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Depression rarely has a single cause. It usually grows from several factors at once. Naming yours helps you focus your energy where it can do the most good.



## BIOLOGY & GENETICS

A family history and differences in brain circuitry and stress chemistry raise vulnerability. It is far more than a simple “chemical imbalance.”



## EARLY LIFE & STRESS

Childhood adversity, loss, and chronic stress shape how the brain responds to pressure later on.



## THINKING PATTERNS

Rumination, self-criticism, and hopelessness are learned habits that deepen low mood — and can be unlearned.



## RELATIONSHIPS & LONELINESS

Conflict, isolation, and grief are among the most consistent drivers. Social disconnection registers in the brain much like pain.



## MEANING & PURPOSE

A loss of direction, role, or sense that life matters is a real and underrated contributor to depression.



## SLEEP, BODY & LIFESTYLE

Poor sleep, inactivity, illness, alcohol, and nutrition all feed mood. The mind-body link runs both ways.

## THE TAKEAWAY

Depression is a signal from a whole system — your biology, history, relationships, and circumstances — that something needs attention. Treatment works best when it addresses the sources, not just the symptoms.

# You have more influence than depression lets you feel

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Some of what shapes depression is fixed. A great deal is not. The point of this is not to assign blame — it is to show you where your effort actually moves the needle.

## WHAT YOU CAN'T CHANGE

### Fixed factors

- Genetic predisposition / family history
- Temperament and baseline stress reactivity
- Early life experiences that have already happened
- Medical conditions contributing to mood

## WITHIN YOUR INFLUENCE

### Modifiable factors

- Sleep, movement, and daily structure
- Alcohol and substance use
- Connection and time spent with others
- Patterns of thinking (with therapy)
- Engagement with treatment
- Small actions toward what you value

*The list on the right is where recovery is built — usually one small, repeatable change at a time.*

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# Levers within your control

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These are not generic wellness tips. Each has real evidence for reducing depressive symptoms. You do not need to do all of them — start with one.



## Movement STRONG EVIDENCE

One of the most effective and most underused treatments. Regular aerobic activity rivals antidepressants in mild-to-moderate depression. **Aim for 30 minutes, most days** — even a brisk walk counts. Starting is the hardest part.

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## Sleep STRONG EVIDENCE

Sleep and mood are tightly linked. Consistent wake times and good sleep habits lift mood within days to weeks. **CBT-I** is the gold-standard treatment for insomnia and has antidepressant effects of its own.

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## Light STRONG EVIDENCE

Bright light (10,000 lux, 20–30 min each morning) is first-line for seasonal depression and helps non-seasonal depression too. **For an Alberta winter, this matters.** A quality lamp is about \$60–120.

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## Connection STRONG EVIDENCE

Isolation maintains depression; reconnection treats it. Loneliness carries health risk on the scale of heavy smoking. Regular contact with even a few people is medicine, not a luxury. For some people, faith or a spiritual community is one of the strongest sources of this connection and meaning — if it's part of your life, it's worth bringing into your care rather than setting aside.

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## Nutrition GROWING EVIDENCE

A whole-food, Mediterranean-style pattern — vegetables, legumes, fish, less ultra-processed food — supports mood. The **SMILES trial** showed dietary change meaningfully reduced symptoms. Small, consistent shifts beat perfection.

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## Less alcohol STRONG EVIDENCE

Alcohol is a depressant. Even “moderate” use worsens mood, disrupts sleep, blunts antidepressants, and raises suicidal thinking. Cutting back often lifts mood within weeks.

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## Meaning & purpose GROWING EVIDENCE

Acting on what you value — even in small ways, even before motivation returns — protects against depression. Meaning is built one choice at a time, not waited for.

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# Therapy and medication

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Lifestyle is the foundation you build daily. These are the tools we add and tune together.

## Therapy

**CBT** is the most studied talk therapy for depression, with strong relapse prevention. **Behavioural Activation** — re-engaging with meaningful activity — is powerful on its own. **IPT** helps when grief, role change, or conflict is central. **MBCT** cuts relapse risk for recurrent depression. Several are deliverable within a brief, focused course.

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## Medication

Antidepressants help most in moderate-to-severe depression, and best when paired with therapy. SSRIs and SNRIs are usually first-line and well tolerated. They don't change who you are — they lower the biological noise so the rest of the work can land. Expect 4–6 weeks to feel a real effect; finding the right fit can take some adjustment, which we manage closely.

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## WHERE TO BEGIN

# Start small — start somewhere

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### A NOTE ON OVERWHELM

A list like this can feel like too much when you're already depleted. You don't need all of it. Even one change — a walk, better sleep, one phone call — can create enough momentum to make the next step possible.

A few places to start, even when energy is low:

- Wake at the same time daily
- Get outside for 15 minutes each morning
- Walk — even 10 minutes
- Eat one nourishing meal
- Reach out to one person this week
- Hold off on alcohol where you can
- Cut screens before bed
- Try a light lamp in winter
- Write down three things you value
- Take medication consistently
- Be honest in therapy
- Let yourself accept help

### IF YOU'RE IN CRISIS

If you're thinking about suicide or harming yourself, you don't have to wait for an appointment. Call or text **988** (Suicide Crisis Helpline, 24/7), call or text the **Distress Centre Calgary** at **403-266-**

**HELP (4357)**, or for health advice call **Health Link 811**. If you are in immediate danger, call **911** or go to your nearest emergency department.

## **RECOVERY IS POSSIBLE**

Depression — even severe depression — is among the most treatable conditions in medicine. Most people who engage in treatment improve meaningfully. Recovery is rarely a straight line, but it is real, and it happens.

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