

1. Treat depression as a real illness, not a weakness

- Name it clearly: “I have depression,” not “I’m just stressed.” That shift alone changes how you make decisions.
- Get proper clinical help – psychiatrist for diagnosis/medication options; psychologist/therapist for skills and patterns.
- Think of it like cardiac disease or diabetes: you may still perform at a high level, but only if treatment and monitoring come first, not as an afterthought.

2. Redefine what “high performance” means

Old model: long hours, constant accessibility, doing everything yourself, no visible struggle.

New model:

- Sustainable output over time, not heroic spurts followed by crashes.
- Saying “no” or “not now” as a strategic choice, not a failure.
- Protecting your brain (sleep, meds, therapy, boundaries) as core to your job, not something you squeeze into the margins.

Ask yourself each week: *If I keep working like this for 12 months, will I be more or less functional?* That answer matters more than this week’s heroics.

3. Build non-negotiable routines

You probably can’t control crises, but you can control some basics:

- **Sleep:** Aim for a regular window, even if it’s shorter than ideal. Go to bed and get up at roughly the same times, even when work explodes.
- **Movement:** Treat 20–30 minutes of movement (walk, bike, basic gym) as medicine, not fitness. Put it in your calendar like a meeting.
- **Food/alcohol:** Keep blood sugar and alcohol swings down. Depression plus heavy drinking and erratic eating is a brutal combination.
- **Medication/therapy:** If prescribed, take meds consistently; if in therapy, guard that slot like a board meeting.

The point isn’t perfection. It’s that your “minimum viable routine” stays intact even in busy weeks.

4. Ruthlessly prioritize and delegate

With depression, your mental bandwidth is narrower. Pretending otherwise is dangerous.

- Identify the 2–3 things in your role that actually move the needle (decisions, relationships, risks) and focus your best hours on those.
- Delegate aggressively: if someone else can do it 70–80% as well, let them.
- Use simple tools: a daily “must-do” list of 3 items, and push everything else to “later or someone else.”

You are trading breadth for depth: fewer things, done well, by a brain you are actively protecting.

5. Put boundaries in writing

Verbal boundaries tend to evaporate under pressure. Make them explicit:

- Agree with your manager on which hours you are truly “on.”
- Turn notifications off outside those windows, and remove work apps from personal devices if you can.
- Pre-write phrases you can use:
 - “I can’t do this today, but I can do X by [date].”
 - “To take this on, I’ll need to drop Y – which should we prioritize?”

Boundaries will feel selfish at first. They are actually what allow you to stay in the job at all.

6. Choose carefully whom to tell

You don’t owe everyone your story, but *no one* knowing is usually too lonely and risky.

- At minimum, pick one person at work you trust (a peer, mentor, or manager) who knows you’re dealing with depression and understands what that means in practice (e.g., energy dips, medical appointments).
- Outside work, have 1–2 people who can say “you’re slipping” when you can’t see it.
- Decide clearly what you will and won’t share. You can say, “I have a long-term health condition that affects my energy and sleep; I’m under proper medical care.”

The goal isn’t sympathy; it’s to create a small safety net so you don’t have to hide every bad day.

7. Watch for red-line warning signs

You need early indicators that the balance is tipping.

Common red flags:

- Waking up with dread *every* day, not just before big meetings.
- Increasing thoughts that “it would be easier if I just disappeared.”
- Starting to use alcohol or other substances to get through the week.
- Becoming indifferent to risks you’d normally care about (work or personal).

Decide in advance what you will do if these signs appear: call your psychiatrist, tell your therapist, take sick leave, or involve a trusted person. Write that plan down.

8. Accept that sometimes the job has to change

The hardest truth: sometimes the structure or culture of a “big job” is fundamentally incompatible with staying alive and well.

Questions worth asking honestly:

- Is this job demanding *occasional* sprints, or is it an unending sprint?
- Is there any real openness to adjustments, or are you expected to be a machine?
- If someone you loved had your symptoms and your job, would you tell them to stay?

Sometimes the bravest, most “high-performing” decision is to step down, sideways, or out, and build a life where your brain can actually heal.