Seven-Day Mediterranean Meal Support Plan

A low-pressure worksheet for making vegetables, legumes, whole grains, olive oil, and practical protein easier to reach - especially on low-energy days.

Build support, not a perfect diet

Choose additions that fit your budget, culture, medical needs, and available energy. A Mediterranean-style pattern is flexible: the practical target is a repeatable combination of minimally processed plant foods, suitable protein, and enjoyable fats. It is not a replacement for depression treatment.

ANCHOR	PRACTICAL OPTIONS
Plants	Frozen vegetables, fruit, tomatoes, greens
Legumes / grains	Canned beans, lentils, oats, whole-grain bread
Protein	Fish, yogurt, eggs, tofu, beans, or another suitable option
Flavor / fat	Olive oil, nuts, seeds, herbs, lemon
Low-energy backup	Microwave grain + beans + frozen vegetables + sauce

Safety boundary

Adequate intake comes before dietary purity. Seek individualized guidance for eating disorders, pregnancy, kidney disease, allergies, diabetes medication, unexplained weight change, or other complex needs. Do not stop medication or psychotherapy because of a food experiment.

Seven-day friction audit

Make one meal easier each day. Record what helped without scoring food as good or bad.

Day	Meal supported	One useful addition	Friction noticed	Tomorrow's shortcut
1				
2				
3				
4				
5				
6				
7				

A ten-minute setup

Rinse one can of beans, cook or open one grain, wash or portion produce, and mix one simple dressing. Store components separately so they can become a bowl, soup, toast topping, or side. Convenience foods are allowed; the system should still work when motivation is low.

Weekly review

Which addition appeared most often? Which foods spoiled or cost too much? Which shortcut reduced decisions? Keep one useful default and change one source of friction. Mood notes are optional and cannot establish whether diet treated depression.

Evidence note

Small randomized trials have reported symptom improvement with supported Mediterranean-style dietary interventions, but recent meta-analyses disagree and rate certainty low or very low. Use this plan as a practical adjunct with broad nutritional value, not as a cure. Sources: Jacka et al. (2017); Bizzozero-Peroni et al. (2025); Tavakoly et al. (2025).