

DEPRESSION – A LONG-TERM CONDITION

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**MODULE NAME : COMMUNITY CARE AND MANAGEMENT
OF LONGER-TERM CONDITIONS**

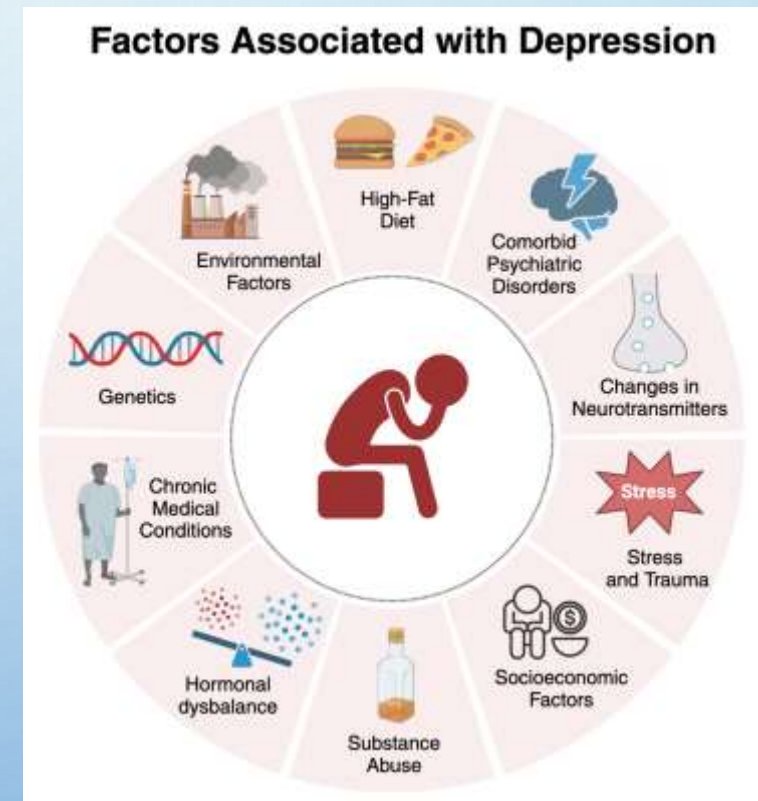
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INTRODUCTION & RATIONALE

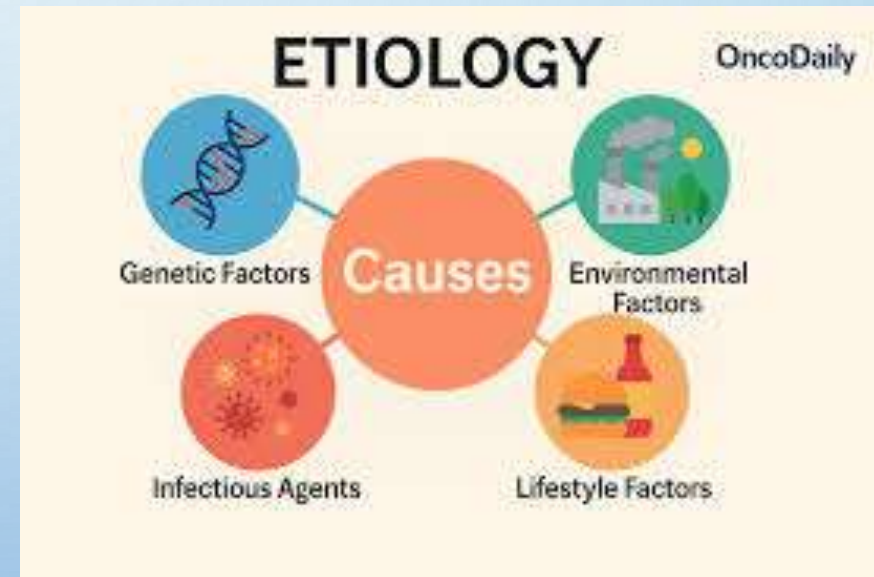
- DEPRESSION IS A SIGNIFICANT CHRONIC DISEASE WHICH IMPACTS MOOD, THOUGHTS, FUNCTIONING OF DAY-TO-DAY LIFE, AND HEALTH IN THE LONG TERM (GURUNG AND SHRISTY, 2023).
- ITS INCIDENCE CONTINUES TO INCREASE AND IT IS CURRENTLY RANKED TO BE AMONG THE PRIMARY CAUSES OF LONG-TERM DISABILITY AMONG THE GLOBAL POPULATION.
- THIS ISSUE IS OF IMPORTANCE TO COMMUNITY MENTAL HEALTH WORKERS WHO ASSIST IN IDENTIFYING ISSUES AT AN EARLY STAGE, DELIVER TREATMENT AND AID IN RECOVERY OF PEOPLE WITH TIME (LI ET AL., 2022).
- THE PRESENTATION WILL CLARIFY THE EFFECTS OF THE CONDITION, ITS DIAGNOSIS, ASSESSMENT, TREATMENT MODALITIES, ITS MANAGEMENT, PREVENTION STRATEGIES, AND INDIVIDUALIZED TREATMENT PROCEDURES.



Source: (Factors associated with depression accessed 6 Dec 2025)

OVERVIEW: DEFINITION & AETIOLOGY

- DEPRESSION IS A MENTAL ILLNESS, WHICH BRINGS ABOUT A PERSISTENT SAD MOOD AND REDUCTION IN INTEREST (MARX ET AL., 2023).
- BIOLOGICAL CAUSES ARE CHEMICAL DISEQUILIBRIUM OF THE BRAIN AND GENETIC COMPOSITION THAT MAY PREDISPOSE THEM TO THE DEVELOPMENT OF AN ISSUE (SURESH ET AL., 2023).
- THE PSYCHOLOGICAL CAUSES ARE PREVIOUS TRAUMA AND NEGATIVE WAYS OF THINKING.
- THE SOCIAL DETERMINANTS INCLUDE POVERTY, BEING SOLITARY AND UNFAIR TREATMENT.



Source: (Nurses Revision, 2025)

SYMPTOMS & COURSE OF ILLNESS

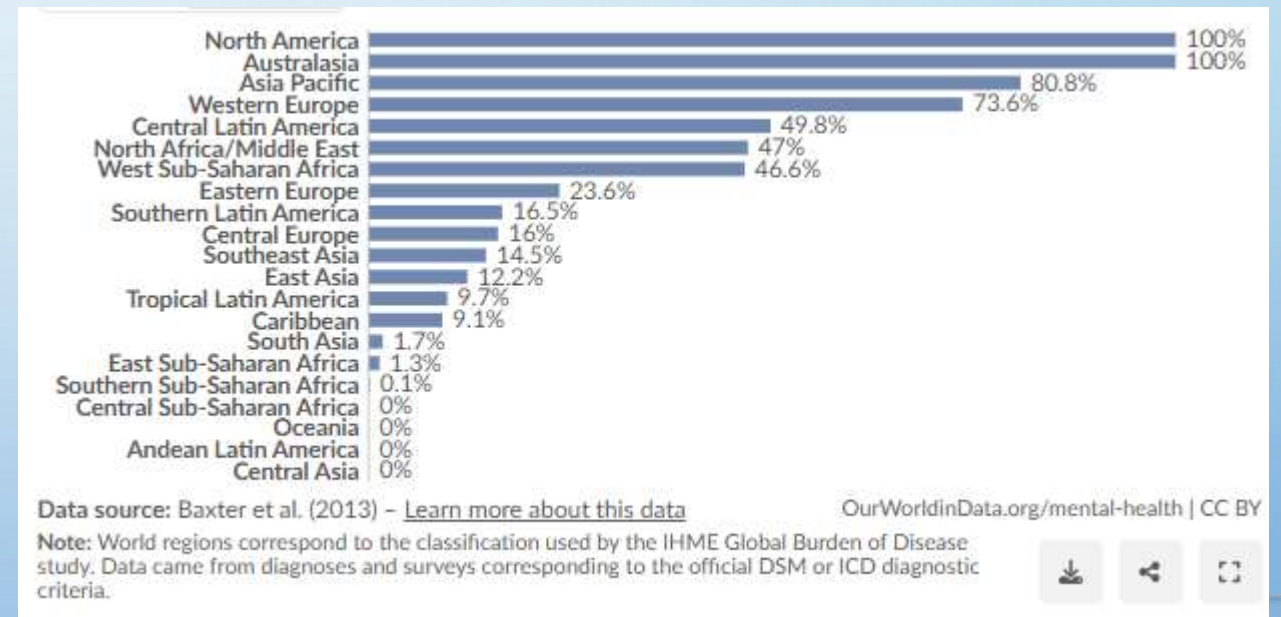
- THE MAIN SYMPTOMS INCLUDE THE FEELING OF SADNESS, THE LACK OF INTEREST IN ANYTHING, FATIGUE, AND SLEEP OR EATING CHANGES (MAISEL, BAUM AND DONNER-BANZHOF, 2021).
- PROBLEMS IN THINKING ENCOMPASS FEELING GUILTY, HOPELESSNESS, AND LACK OF FOCUS (AKHTAR ET AL., 2024).
- SYMPTOMS NEED TO BE PERSISTENT AND LAST AT LEAST TWO WEEKS IN ORDER TO BE DIAGNOSED.
- DEPRESSION MAY BE PERSISTENT AND RECURRENT.



Source: (Ciel Knowledge, 2025)

PREVALENCE: UK & GLOBAL

- THE PREVALENCE OF DEPRESSION AMONGST ADULTS IN UK IS ONE IN EVERY FIVE PEOPLE (ONS, NHS DIGITAL).
- GLOBALLY OVER 300 MILLION INDIVIDUALS EXPERIENCE DEPRESSION (WHO, 2023).
- MAJORITY OF THOSE WHO HAVE IT ARE WOMEN, YOUNG ADULTS, AND LOW-INCOME EARNERS (MAR ET AL., 2022).
- THE ACCESS TO CARE, DIAGNOSIS, AND OUTCOMES IS UNEQUAL, WHICH LEADS TO HEALTH INEQUALITIES (SCOTT AND HOSKIN, 2024).



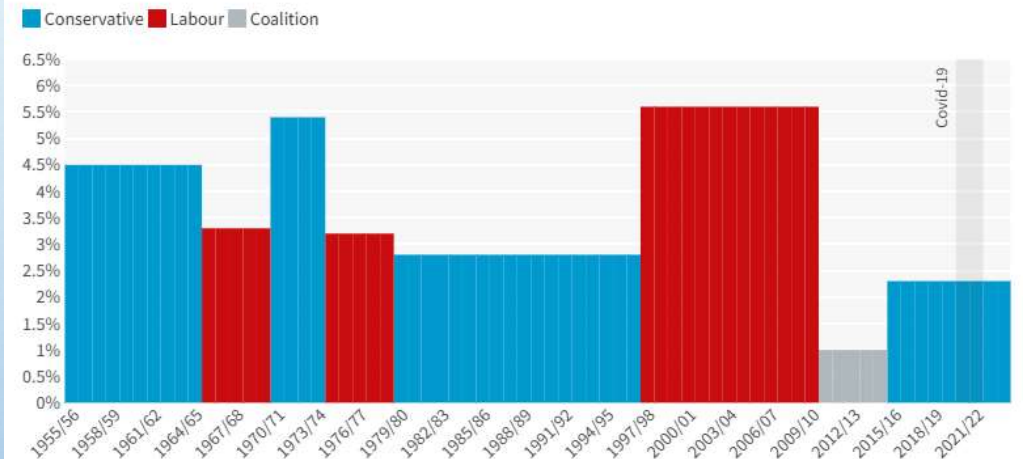
Source: (Our World in Data, 2025)

ECONOMIC & SOCIAL BURDEN

- DIRECT COSTS REFER TO MONEY THAT THE NHS USES IN TREATMENT, HOSPITALIZATION AND PRIMARY CARE.
- INDIRECT COSTS WILL ARISE WHEN PEOPLE LOSE THEIR WORK AND THEY ARE UNEMPLOYED.
- CARES AND FAMILIES EXPERIENCE EMOTIONAL PRESSURE AND ACQUIRE ADDITIONAL RESPONSIBILITIES (BOUMANS AND DORANT, 2020).
- SOCIAL BURDEN ENTAILS SHAME, ABANDONMENT, POOR LIVING STANDARDS AND CHRONIC ISSUES IN THE EVENT THAT IT IS UNTREATED (FAROOQ AND FARHAD, 2025).

Spending on health services has varied substantially over time

Average real-terms (in 2023/24 prices) increase in UK government spending on health services



Source: House of Commons Library (pre 2022/23), HM Treasury (2022/23 onwards), table 4.2 • These figures are based on National Statistic estimates of public sector expenditure on services by function, which allows for longer comparable analysis than looking at individual departments since there have been changes in departmental responsibilities over time. These figures are for the whole of the UK. Due to minor accounting inconsistencies in the National Statistics, the data here actually represents three data series, with breaks at 1963/64 and 1968/69. See House of Commons library analysis for further detail on this.

TheKingsFund

Source: (Wells, 2024)

DIAGNOSIS & INITIAL ASSESSMENT

- DIAGNOSE WITH THE HELP OF SUCH TOOLS AS PHQ-9, GAD-7, AND CLINICAL INTERVIEWS (VILLARREAL-ZEGARRA ET AL., 2023).
- COMPLETE PSYCHIATRIC HISTORY AND RISK ASSESSMENT.
- CONDUCT A GENERAL EXAMINATION OF PHYSICAL, PSYCHOLOGICAL, AND SOCIAL ASPECTS (INDRIDADOTTIR AND NISCO-MADDEN, 2024).
- ASK WHETHER THE INDIVIDUAL MAY BE INTERESTED IN COMMITTING SUICIDE OR INJURING THEMSELVES AND CONSIDER ANY OTHER CONDITION THAT THE INDIVIDUAL MAY BE HAVING.

PHQ-8 Score	Severity Level
0-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-24	Severe depression

Source: (Pongpak Manoret et al., 2021)

MANAGEMENT: UK GUIDANCE OVERVIEW

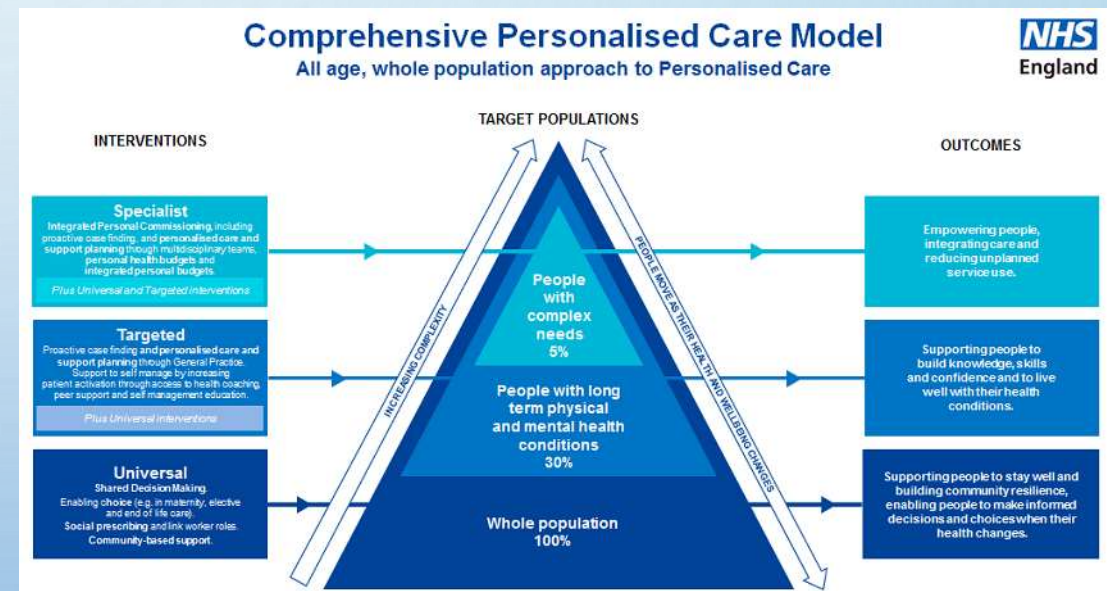
- NICE GUIDANCE IS BASED ON A STEP-BY-STEP TREATMENT OF DEPRESSION PLAN (DELGADILLO ET AL., 2021).
- THE EXTENT OF THE SYMPTOMS DETERMINES HOW THE MANAGEMENT IS POSSIBLE.
- A MULTIDISCIPLINARY APPROACH HAS A MULTIDISCIPLINARY TEAM.
- THE NHS LONG TERM PLAN PROMOTES THE IDEA OF COMMUNITY MENTAL HEALTH SERVICES AND DIGITAL SUPPORT (PETROU ET AL., 2023).



Source: (CF, 2020)

MODELS & FRAMEWORKS FOR DEPRESSION

- THE BIOPSYCHOSOCIAL MODEL EXAMINES THE BIOLOGICAL, PSYCHOLOGICAL AND SOCIAL FACTORS.
- HOUSE OF CARE MODEL IS AIMED AT PATIENT COLLABORATION, TEAMWORK, AND CARE PLANNING (CARRIER, JONES AND NEWBURY, 2022).
- CHRONIC CARE MODEL FOCUSES ON SELF MANAGEMENT OF HEALTH AND COLLABORATIVE EFFORTS TOWARDS CARE PROVISION.
- THESE ARE MODELS THAT ASSIST THEM AS A PERSON AS A WHOLE THOUGH THEY ALL HAVE MERITS AND DEMERITS (AHMED ET AL., 2023).



Source: (NHS, 2024)

PREVENTION OF DEPRESSION

- PRIMARY PREVENTION IS AN ATTEMPT TO REDUCE THE RISK OF STRESS, TRAUMA, DRUG ISSUES, AND LONELINESS (CROWE ET AL., 2022).
- SECONDARY PREVENTION REFERS TO THE IDENTIFICATION OF PROBLEMS AT AN EARLY STAGE AND ASSISTANCE AT PRIMARY CARE (BANACH ET AL., 2024).
- TERTIARY PREVENTION REFERS TO THE PREVENTION OF THE RECURRENCE OF A MENTAL HEALTH CRISIS IN PEOPLE (SINGH, KUMAR AND GUPTA, 2022).
- AWARENESS IS CREATED BY COMMUNITY PROGRAMS AND ANTI-STIGMA CAMPAIGNS.

Level of Prevention	Phase of Disease	Target
Primordial	Underlying conditions leading to causation	Total population and selected groups
Primary	Specific causal factors	Total population, selected groups and healthy ind's
Secondary	Early stage of disease	Patients
Tertiary	Late stage of disease	Patient

Source: (Singh, 2025)

PERSONALISED CARE: SIX COMPONENTS

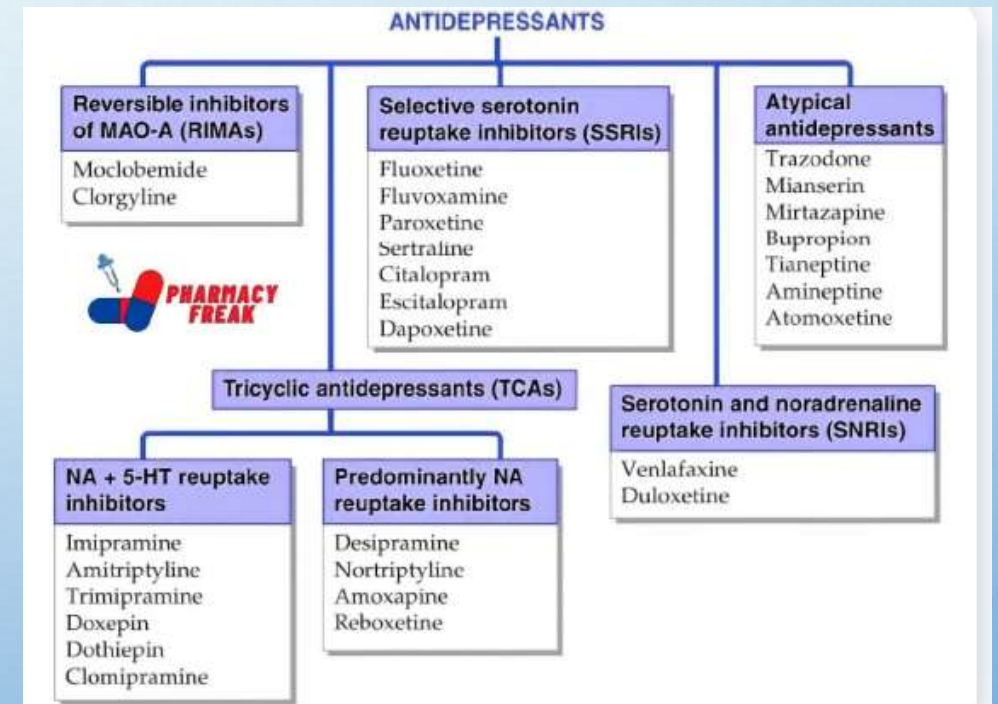
- SHARED DECISION-MAKING IS A COLLABORATIVE PROCESS WHERE CLINICIANS AND PATIENTS WORK TOGETHER TO SELECT TESTS, TREATMENTS, AND CARE PLANS BASED ON CLINICAL EVIDENCE AND PATIENT PREFERENCES. IT IMPROVES TREATMENT ADHERENCE, PATIENT SATISFACTION, AND LONG-TERM MENTAL HEALTH OUTCOMES.
- PCSP INVOLVES A STRUCTURED CONVERSATION BETWEEN PATIENTS AND PROFESSIONALS TO JOINTLY DEVELOP A WRITTEN CARE PLAN. IT FOCUSES ON THE PERSON'S STRENGTHS, GOALS, AND WHAT MATTERS MOST TO THEM—NOT JUST THEIR SYMPTOMS (O'SULLIVAN ET AL., 2024).
- SUPPORTED SELF-MANAGEMENT INCLUDES TOOLS, COACHING, DIGITAL APPS, AND EDUCATIONAL PROGRAMMES ENABLING PATIENTS TO MANAGE SYMPTOMS, MEDICATION, LIFESTYLE, AND EMOTIONAL WELLBEING. IT INCREASES CONFIDENCE AND REDUCES RELAPSE (APONTE, 2021).
- SOCIAL PRESCRIBING CONNECTS PATIENTS TO NON-CLINICAL INTERVENTIONS—PEER SUPPORT, EXERCISE GROUPS, VOLUNTEERING, DEBT COUNSELLING, ART THERAPY—TO ADDRESS SOCIAL DETERMINANTS OF HEALTH. IT IS ESPECIALLY IMPORTANT FOR DEPRESSION BECAUSE IT REDUCES ISOLATION AND BUILDS RESILIENCE.
- PATIENT CHOICE MEANS INDIVIDUALS CAN SELECT THE TYPE OF THERAPY, TREATMENT LOCATION, DIGITAL VS. FACE-TO-FACE OPTIONS, AND PREFERRED MENTAL HEALTH PROFESSIONAL. CHOICE INCREASES MOTIVATION, TRUST, AND CONTINUITY OF CARE.
- A PERSONAL HEALTH BUDGET ALLOCATES NHS FUNDING DIRECTLY TO THE PATIENT, ENABLING THEM TO PURCHASE PERSONALISED CARE SERVICES OR SUPPORT THAT MEETS THEIR UNIQUE NEEDS. PHBS IMPROVE FLEXIBILITY AND REDUCE STRESS FOR PEOPLE WITH COMPLEX, LONG-TERM NEEDS.

Component	What It Means	Evidence Source
1. Shared Decision-Making	Joint treatment decisions with patient	Stiggelbout et al., 2015; NHS England 2022
2. Personalised Care & Support Planning	Written goals & care plan based on “what matters”	Coulter et al., 2013; NHS England 2021
3. Supported Self-Management	Coaching, tools, education to manage symptoms	de Silva 2011; O'Sullivan et al., 2024
4. Social Prescribing	Linking to community resources	Polley et al., 2017; NHS England 2020
5. Patient Choice	Choice of therapy, location & clinician	Aponte 2021; NHS Constitution 2021
6. Personal Health Budgets	Patient-directed funding for personalised support	Jones et al., 2018; NHS England 2020

Source: (self-created table)

TREATMENT OPTIONS IN THE UK

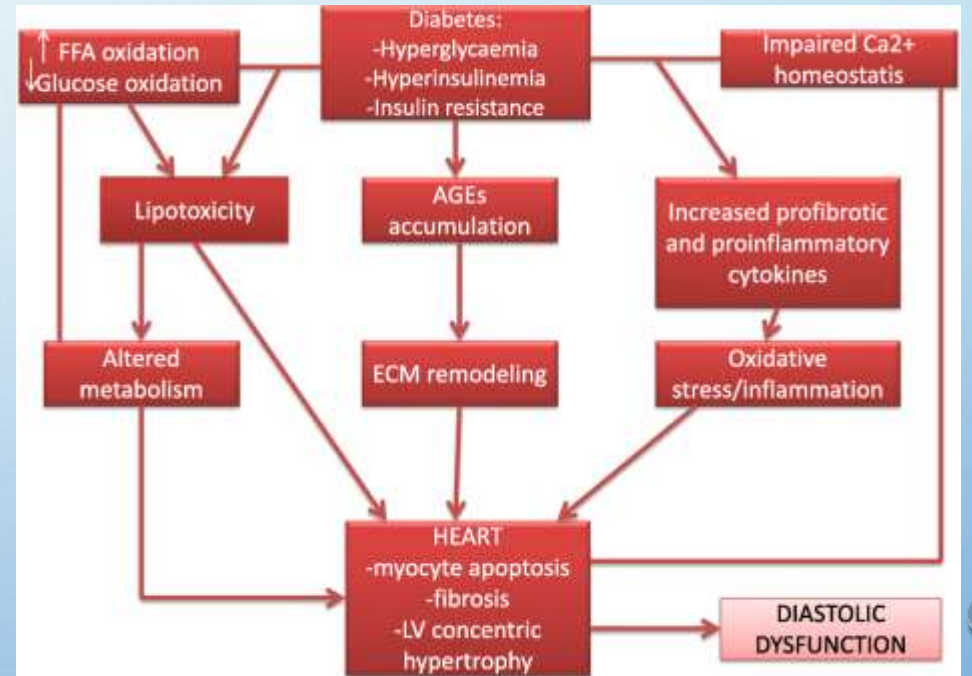
- ANTIDEPRESSANTS SUCH AS SSRIS, SNRIS AMONG OTHER DRUGS ARE USED TO TREAT DEPRESSION.
- CBT, IPT, ACT AND BEHAVIOURAL ACTIVATION ARE ALL THERAPIES THAT CAN ASSIST THEM IN THINKING IN DIFFERENT WAYS (DIJKSTRA AND NAGATSU, 2021).
- SOCIAL HELP INVOLVES TALKING TO FRIENDS, ASSISTANCE IN EMPLOYMENT AND MODIFICATION OF THE WAY THEY LIVE (LIM ET AL., 2021).
- EXTREME CASES OF DEPRESSION MIGHT REQUIRE ECT, CRISIS TEAMS OR HOSPITAL TREATMENT.



Source: (gssachin108@gmail.com, 2023)

COMORBIDITIES

- ANXIETY DISORDERS TOGETHER WITH SUBSTANCE MISUSE ARE COMMON CONDITIONS THAT OCCUR TOGETHER.
- THERE IS ALSO A HIGH OCCURRENCE OF PHYSICAL CONDITIONS SUCH AS CHRONIC PAIN, HEART DISEASE, AND DIABETES (MA ET AL., 2021).
- COMORBIDITIES COMPLICATE THE TREATMENT PROCESS AND MAY DETERIORATE THE OUTCOME.
- THEY MAY INCREASE THE RISK OF RELAPSING AND COMPLICATE THE MANAGEMENT OF CARE (TURESHEVA ET AL., 2023).



Source: (Mechanism of the pathophysiology of cardiomyopathy of diabetes, accessed 6 Dec 2025)

CO-PRODUCTIVE, PERSON-CENTRED CARE

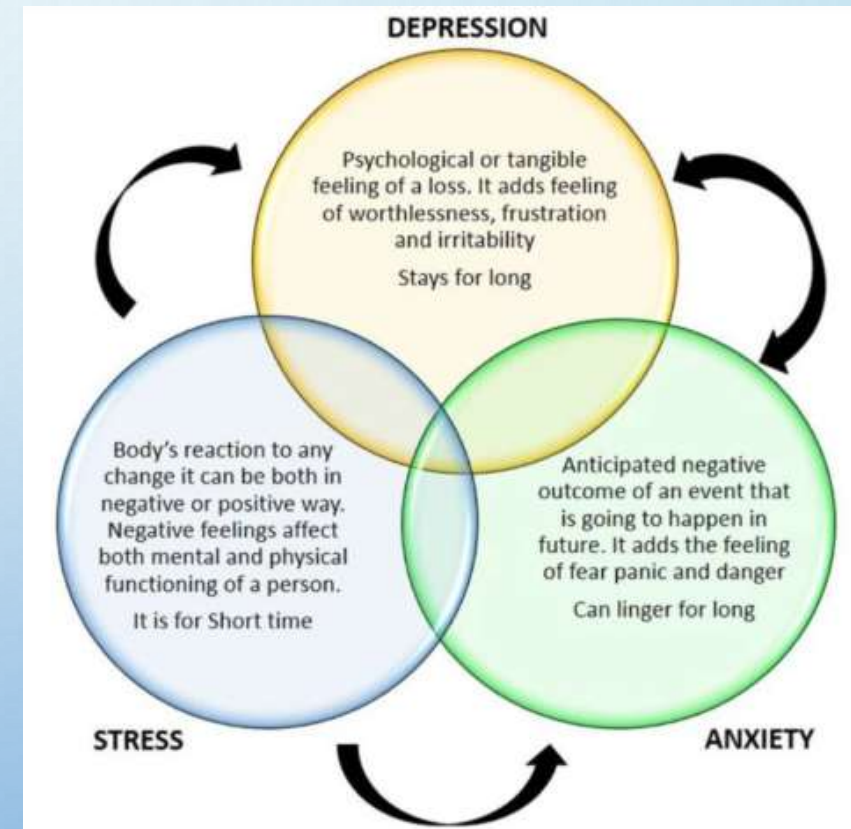
- KEY SKILLS INCLUDE EMPATHY, CULTURAL SENSITIVITY, AND TRAUMA-INFORMED PRACTICE TO UNDERSTAND PATIENT NEEDS (HOLOD ET AL., 2024).
- SHARED DECISION-MAKING AND ACTIVE LISTENING ENGAGE PATIENTS IN THEIR OWN CARE.
- STRENGTHS-BASED APPROACHES AND RESPECTFUL PARTNERSHIPS EMPOWER PATIENTS AND BUILD TRUST (MILLS, BALZ AND PRICE, 2023).
- TRADITIONAL HIERARCHICAL CARE MODELS OFTEN FAIL AS THEY DO NOT SUPPORT INDIVIDUAL AUTONOMY OR PERSONALISED CARE (WONG ET AL., 2022).



Source: (The Person-Centered Practice Framework" by Ailsa McMillan, Brendan McCormack)

CONCLUSION & FUTURE RECOMMENDATIONS

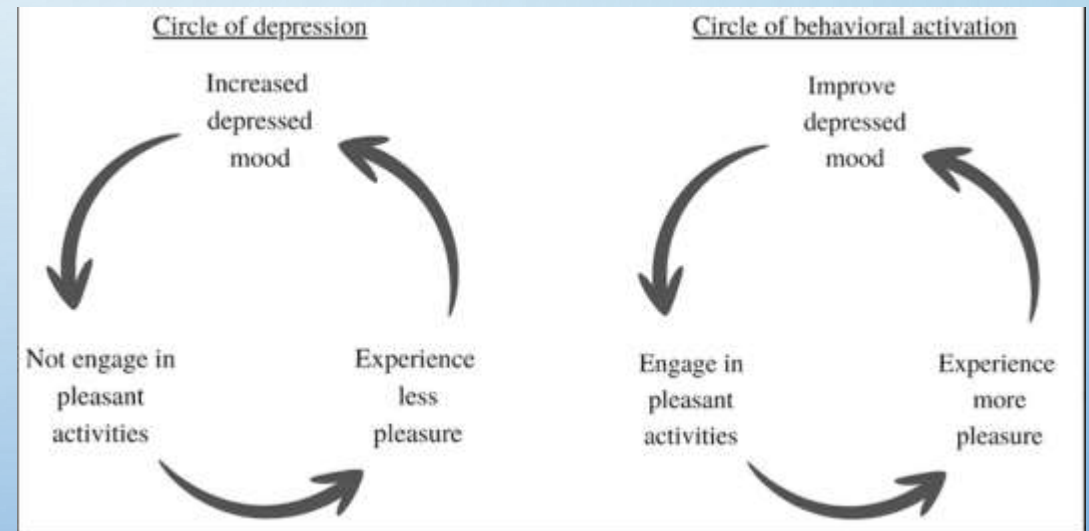
- DEPRESSION IS A SIZEABLE IMPACT ON INDIVIDUALS. IT REQUIRES PROPER DIAGNOSIS, PROPER TREATMENT AND PREVENTION MEASURES (CUIJPERS AND REYNOLDS, 2021).
- LONG-TERM CARE OF THE INDIVIDUAL IS A NECESSARY PROCESS TO ACHIEVE IMPROVED OUTCOMES.
- THERE SHOULD BE GREATER COLLABORATION OF PRIMARY PHYSICIANS, MENTAL-HEALTH FACILITIES, AND SOCIAL ASSISTANCE.
- THESE ISSUES WILL ARISE IN THE FUTURE IN THE FORM OF STIGMA, UNEQUAL TECHNOLOGICAL ACCESS, AND STRAIN ON PERSONNEL. THIS DEMONSTRATES THAT THEY MUST HAVE PERSONAL AND COLLABORATIVE CARE WITH PATIENTS (MORGAN, 2024).



Source: (Heyat et al., 2024)

CONCLUSION

- DEPRESSION IS A COMPLEX LONG-TERM CONDITION REQUIRING EARLY IDENTIFICATION, ACCURATE ASSESSMENT, AND EVIDENCE-BASED TREATMENT TO REDUCE PERSONAL AND SOCIETAL BURDEN (BOUMANS AND DORANT, 2020).
- EFFECTIVE MANAGEMENT RELIES ON MULTIDISCIPLINARY CARE GUIDED BY UK FRAMEWORKS SUCH AS **NICE**, THE **HOUSE OF CARE MODEL**, AND THE **COMPREHENSIVE MODEL OF PERSONALISED CARE**.
- PHARMACOLOGICAL, PSYCHOLOGICAL, SOCIAL, AND COMMUNITY-BASED INTERVENTIONS MUST BE TAILORED TO INDIVIDUAL NEEDS TO IMPROVE LONG-TERM OUTCOMES AND PREVENT RELAPSE.
- CO-PRODUCTIVE, PERSON-CENTRED CARE—BUILT ON SHARED DECISION-MAKING, EMPATHY, AND COLLABORATIVE PLANNING—ENHANCES ENGAGEMENT, AUTONOMY, AND RECOVERY (MILLS, BALZ AND PRICE, 2023).
- STRENGTHENING PERSONALISED CARE COMPONENTS, IMPROVING ACCESS TO SUPPORT, AND ADDRESSING COMORBIDITIES REMAIN ESSENTIAL FOR IMPROVING WELLBEING AND QUALITY OF LIFE FOR PEOPLE LIVING WITH DEPRESSION.



Source: (Circles of depression and BA based on the theoretical framework of depression by Lewinsohn et al [14,15]. BA: behavioral activation.)

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