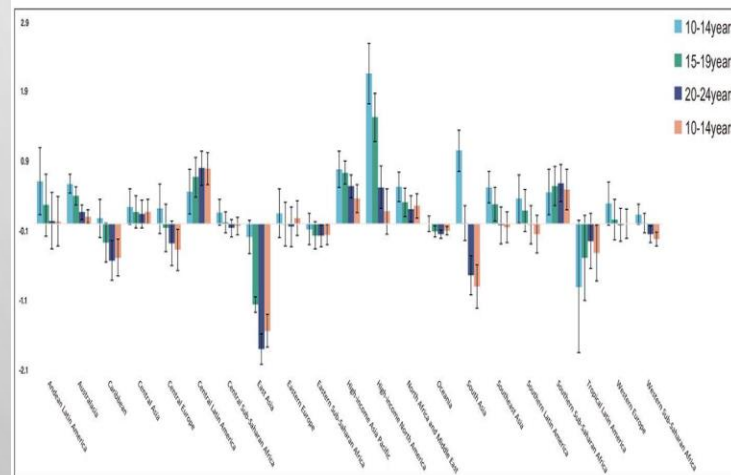


Introduction

- Single episode depressive disorder is characterized by one episode of depression, without any previous episode of depression, mania, hypomania or mixed.
- It can interfere with everyday life; in extreme cases, it can lead to psychosis or suicidal thoughts (World Health Organization [WHO], 2024).
- This poster explores the influence of history, treatment, stigma and inequality in relation to care.

Understanding and assessment

- Core features are depressed mood or loss of interest or pleasure, with symptoms such as low energy, sleep or appetite changes, poor concentration, guilt, hopelessness or thoughts of death (WHO, 2024).
- Assessment should consider severity, safety, bipolar history, physical illness, substance use and social circumstances.
- Screening scores are used alongside, but should not replace, clinical judgement (WHO, 2024; National Institute for Health and Care Excellence [NICE], 2022).



Graph 1: Depressive-disorder prevalence among people aged 10–29, 1990 versus 2021 (Yang et al., 2024).

Historical development

- Depression was historically associated with “melancholia,” bodily humours, morality and temperament.
- Melancholia was broader than modern depression, so equating them risks imposing a current diagnosis on earlier experiences (Turner et al., 2015).
- Asylums could provide shelter and routine, but institutional power also enabled isolation, coercion and loss of liberty.
- While community care minimized institutional control, it did not ensure that support was available (Turner et al., 2015).



Figure 2: Historical representation of melancholia (Wellcome Collection, n.d.).



Figure 3: Ectonustim 3 ECT machine, 1958–1965 (Science Museum Group, n.d.).

Contemporary treatment and critical analysis

- Guided self help, cognitive behavioural therapy, behavioural activation, exercise and mindfulness can be used for less severe depression.
- On a routine basis, use of antidepressants should not be considered as first-line treatment unless this is the informed preference of the person (NICE, 2022).
- Severe depression may need therapy, anti-depressants or combination treatments.
- For a small number of severe cases or cases that are life-threatening and require urgent improvement, ECT is an option (NICE, 2022).
- Antidepressants outperform placebo on average, but benefits, side effects and acceptability vary.
- Major trials typically examine major depressive disorder, and the direct application is restricted to 6A70 (Cipriani et al., 2018).
- Although stepped care could help to streamline the process, standardised pathways can fail to consider social drivers and individual needs.

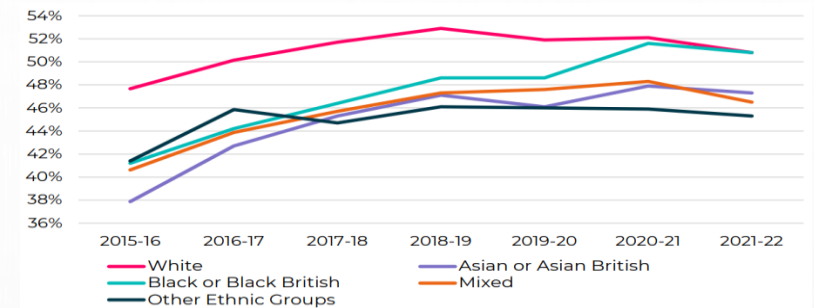


Figure 4: NHS Talking Therapies recovery rates by ethnicity, 2015/16–2021/22 (National Collaborating Centre for Mental Health [NCCMH], 2023).

Stigma and inequality

- Help-seeking may be delayed due to shame and fear of stigma and culturally inappropriate services.
- Addressing inequities in access through “culture” can be a form of blaming the community and can ignore racism, language barriers, and institutional mistrust (Nwokoroku et al., 2022; Alam et al., 2024).
- Even when adjusted for some clinical and demographic factors, treatment outcomes vary by ethnicity, meaning that equitable care is not guaranteed by equal availability (Arundell et al., 2024).

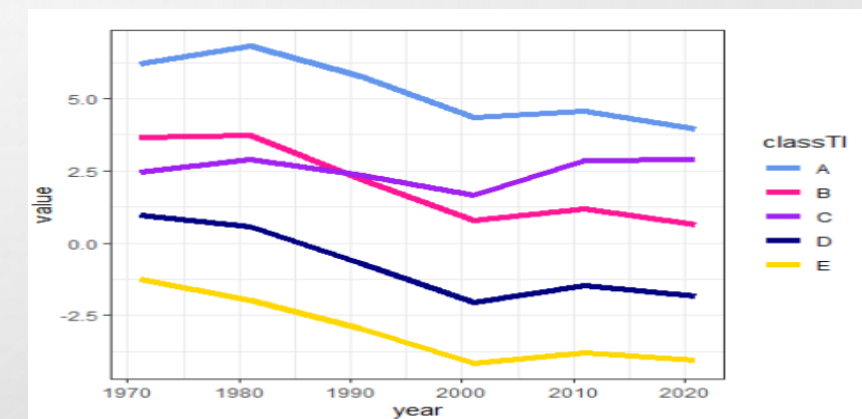


Figure 5: Recovery by deprivation in England, 2024/25: least deprived, 52.4%; most deprived, 40.5% (Nuffield Trust, 2026).

Recommendations

- Co-produce culturally responsive services, trained interpreters for access, dropout and recovery by ethnicity, disability, gender and deprivation (Alam et al., 2024; NCCMH, 2023).
- Ensure clinical treatment is combined with housing, financial, employment and educational support, along with individualised crisis and relapse-prevention plans (NICE, 2022).

Conclusion

- Care has moved from melancholia and institutional control towards evidence-based, rights-focused treatment.
- Yet, the progress is still incomplete as evidence is not always diagnosis specific and outcomes are still socially unequal.
- Decisions about future care need to be about effective treatment, shared decisions and action on structural disadvantage.

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