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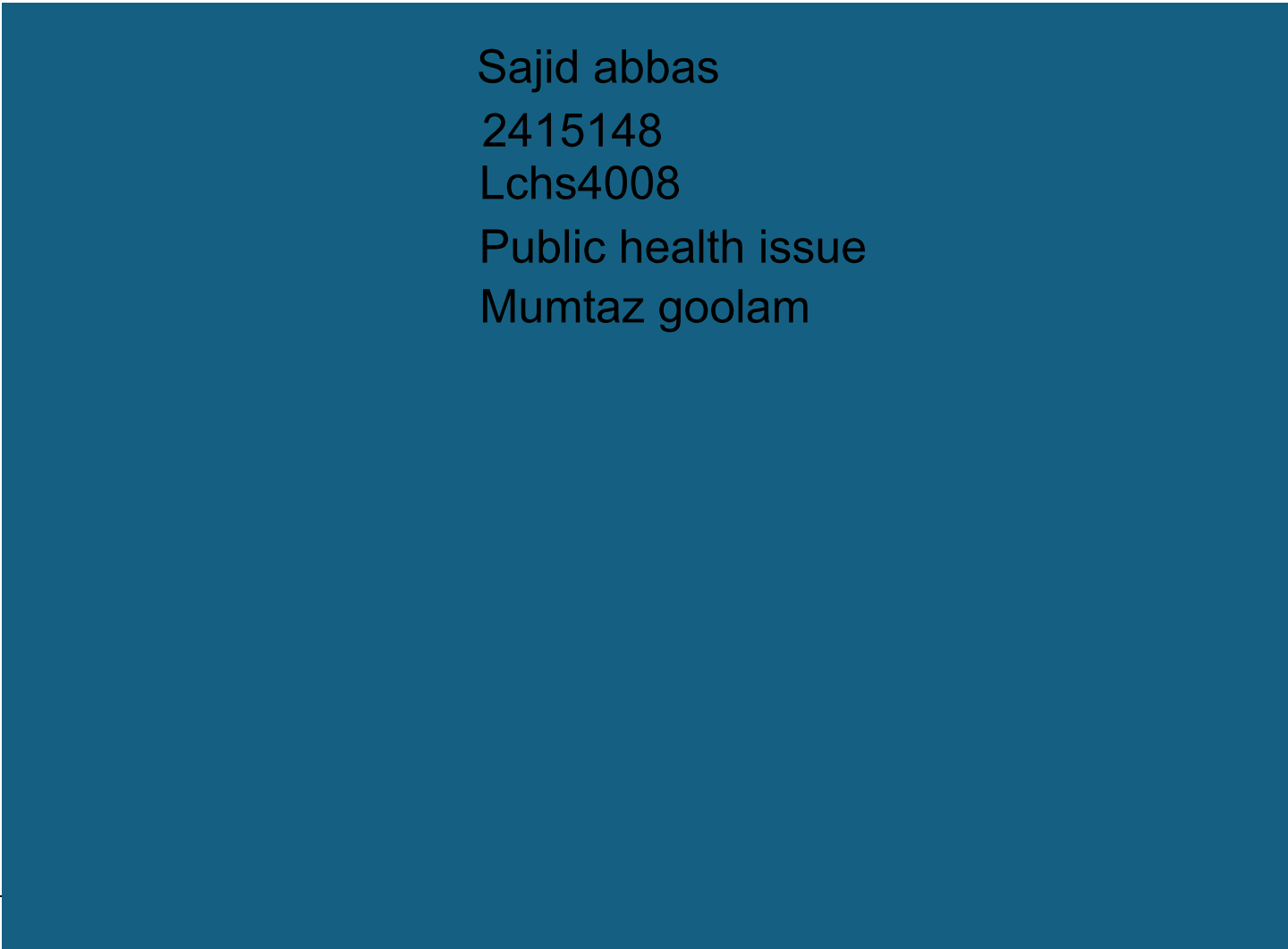
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Public health issue

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Chosen Disease: Depression

Introduction

Depression is a frequent mental health disorder as well as an important public health concern. It is mainly characterised by a persistent low mood and a loss of interest or pleasure in everyday activities. Depression can be emotionally, physically and socially manifested as sadness, hopelessness, low self-esteem, tiredness, sleep disturbance, changes in appetite, decreased concentration and loss of motivation. Depression can also cause feelings of self-harm and suicide in more severe cases. It is an important issue for health and social care as depression can affect people of all ages, across a range of backgrounds and communities (Kendrick et al., 2022). Depression affects hundreds of millions of people around the world and many adults have symptoms of depression in the UK. These figures illustrate that depression is not just a personal illness, but a public health problem that needs to be monitored, prevented, treated and supported in the communities (Paleri et al., 2025).

Approaches used to measure and monitor depression

Measuring and monitoring depression is done by using clinical assessments, population surveys, health services data and public health surveillance. Assessment of depression is critical due to the fact that it will provide important information to professionals regarding the prevalence of depression, the groups most affected, and whether existing services are addressing community needs. Unless monitored accurately, depression can go undetected, particularly as some individuals do not seek assistance as a result of stigma and the fear of being labeled as depressed, limited access to services or lack of awareness. Depression is also measured at an individual level by the use of questions about mood, interest, sleep, appetite, energy levels, concentration, worthlessness and thoughts of self harm, which are used by health professionals in the structured assessment of depression (Bernard et al., 2022). A tool commonly used is the Patient Health Questionnaire which is used to help identify the amount of depressive symptoms. This type of assessment can be helpful, as it provides professionals with an understanding of how depression is impacting a person's life. Rather it is important that it not be used as a single treatment as depression is a complicated condition and can be affected by individual, social, cultural and economic considerations.

GPs are instrumental to the detection and assessment of depression in primary care. People often first consult their GP if they have low mood, tiredness, sleep difficulties and/or problems coping

(Lu et al., 2024). GP records can provide information on the prevalence of depression and can also provide a picture of patterns of depression by deprivation, age, gender and location. This information helps to plan local health services. However, GP data does not necessarily reflect all cases of depression as some may not identify the symptoms of depression or refuse to access services.

National surveys and health statistics are also used to monitor depression. Surveys can be useful in that they can include people with symptoms, but not a formal diagnosis. This provides a broader awareness of mental health among general population. The importance of data and statistics from the UK is especially significant as it enables public health practitioners to detect trends, compare regions and to highlight inequalities. A person who is feeling poverty may be more likely to be depressed, for instance, as a person who is unemployed or long-term ill, lonely or living in poor housing. These patterns can be used to guide public health teams in directing resources to prevention and support, where it is needed most (Arrow et al., 2023).

Additional sources of data that are useful are hospital admissions, records of self-harm and suicide statistics, and records of mental health services. These are indicators that demonstrate the more advanced effects of depression and can also be used to help determine if there are gaps in care. If the proportion of referrals to crisis services or the time from referral to talking therapy is high, it could indicate that community services are not reaching those in need in a timely fashion (Barnhofer et al., 2025). In general, depression is measured and monitored through quantitative information (prevalence, service use) and qualitative information (personal experiences, barriers to access etc.).

What is being done to control depression

Depression is not an infectious disease. On the contrary, it is managed and prevented with proper identification, treatment and support. The primary goal is to decrease symptoms, prevent relapses, enhance quality of life and the risk of self-harm or suicide. A public health approach is essential because depression involves more than biology; social conditions, lifestyle, relationships and access to care all play a role (Grassini, 2022). Health promotion is an important way of control. Educating about depression can make it easier for people to detect signs of depression and prompt them to get help right away. These campaigns can also help to decrease the stigma surrounding depression by demonstrating that it's a real health problem and is not a personal weakness. This is significant, as experiences of stigma may prevent people from speaking about

their emotions or seeking assistance. Mental wellbeing can be supported at schools, workplaces, community and health groups(Leichsenring et al., 2023).

Another important way is early intervention. Early identification of depression can allow individuals to receive support before their depression becomes severe. Everyone from GP to nurse to social worker to teacher to employer can be alert to changes in behaviour, mood and functioning. Guidance on self-help, physical activity, sleep and social prescribing, and low-intensity psychological support, are all examples of help offered for mild depression. It can be beneficial to social prescribing as the process helps connect a person to a community activity, support group, volunteering or advice service which can help reduce isolation and enhance wellbeing (El Baou et al., 2023).

More intense depression may need psychological treatments and/or medication. CBT (cognitive behavioural therapy) is a talking therapy that can help people identify and change negative thinking patterns, as well as learn coping strategies. For more severe or persistent symptoms, antidepressant medications may be prescribed. Medication should be reviewed periodically to assess for efficacy and adverse effects (Pettman et al., 2023). The person-centred approach is essential, as treatments need to be tailored to the person's symptoms, preferences, risks, culture and life circumstances. But other risk factors are worked on too to control depression. Depression can be caused by poverty, unemployment, domestic abuse, loneliness, substance misuse, discrimination and long-term physical illness. Thus, public health strategies should incorporate increased access to housing assistance, economic counseling, and job assistance, as well as community services. This is a reason depression can't be controlled just by health services. A collaborative approach between health services, social care and voluntary organisations and local authorities is required (Scott, 2024).

When a person is severely depressed or has suicidal thoughts, the use of risk management is crucial. Risk assessments, safety plans, and use of crisis services should be completed by professionals, as needed. Family members and carers might also require advice on how to care for and support the person safely. Therefore, the factors of depression prevention, early help, treatment, social support and crisis intervention are crucial for effective control of depression (Thapar et al.,2022).

The impact of depression on individuals and families within the community

Depression can take a considerable toll on a person's life, family and community life. Depression can impact on an individual's emotional health, physical health, relationships, education, and work

and daily life functioning. There is a feeling of helplessness, a sense of inadequacy and a disabled ability to perform normal activities. They can become withdrawn from friends and family, not attend work or college, not take care of themselves, and not take part in hobbies. This can lead to a loss of confidence and sense of isolation, potentially exacerbating symptoms.

Depression can also impact on the physical condition. Individuals suffering from depression may feel fatigued, have food cravings, sleep disturbances, headache or body aches. Some may resort to alcohol, drugs or unhealthy eating as a coping mechanism, leading to additional health issues. Long-term conditions are also associated with depression, as sickness may impair a person's ability to take medication, attend appointments or follow health guidelines. This may put a strain on health services (Schoretsantis et al, 2024).

Depression can have serious social problems. The depression can impact family life as family members may become carers, or they may find it difficult to understand the person's behaviour. The relationship can suffer if the person is withdrawn, irritated or communication barriers may emerge. It is important to take into account the emotional and practical impact of depression on children and young people when they share a home with a parent who suffers from depression, particularly if family routines and finances are affected.

Poor work performance and school attendance are other areas that can be impacted by depression. It can be challenging to focus, make decisions, fulfill deadlines or attend. This can result in lower wages, job loss or poor grades in school. Financial stress can then exacerbate depression, which makes it difficult to overcome. Depression may be associated with broader inequalities of opportunity in communities where there is high deprivation, which can make it more difficult for individuals to bounce back without interventions that provide practical and social support (Gilbert , 2025).

Depression also leads to higher GP attendance and mental health, social care and voluntary sector use at community level, as well as requests for crisis services. Untreated depression can lead to more intensive and costly treatment in the future. Severe depression can also lead to selfharm and suicide, and these effects on families, friends, workplaces and communities are devastating. Thus, depression is not just an individual problem; it is a serious public health issue (Yong et al.,2023).

The supports needed for health and social care services

The severity of depression will depend on the level of health and social care support needed. The GP is frequently the first person to see the patient and plays a significant role in assessment,

diagnosis, treatment, medication review and referral. GPs to listen well, evaluate risk, take into account physical health needs and deliver information about support available. They may refer the person to talking therapy services or to community mental health teams/crisis services depending on the level of need (Williams et al.,2024).

Talking therapies can be crucial to those who are experiencing mild, moderate or severe depression. These services may offer guided self-help, counselling, cognitive behavioural therapy and other psychological services. Therapy can assist individuals to identify how they feel, refute negative thinking, and discover coping mechanisms. It may be, however, that the waiting time will be a problem, and so it is important that there is also interim support available in the form of selfhelp tools, wellbeing planning and community referrals available to the professionals.

Community mental health teams cater to those with more complicated and intense depression. These teams can have psychiatrists, mental health nurses, psychologists, occupational therapists, social workers. They are able to carry out specialist assessments, medication management, planning and assisting with daily living. Crisis teams are required if a person is immediately at risk of harm or has not the means to handle the situation at home safely. Hospital admission may be required in some circumstances and community care should be employed where safe and appropriate (Menon and Sain, 2023).

Social care services are also relevant as depression can have an impact on independent living, finances, housing and relationships. Social workers are able to evaluate practical needs, protect vulnerable adults, assist carers and link people with benefits advice, housing services or assistance with regards to domestic abuse. This is significant because practical issues may be the cause of sustaining or exacerbating depression. Help the person's social situation can positively impact recovery. Other groups, such as voluntary groups or charities, also have a valuable role to play. They can provide helplines, peer support groups, community activities, advocacy and information. Support groups can lessen isolation and facilitate people meeting others who have similar experiences. Education and emotional support for families/carers may also be necessary to explain what depression is and what to do about it(Zhou et al., 2026).

A person centred and multi-agency approach should be taken by professionals. This is to include the person in decision making, respect their choices, take into account cultural requirements and co-ordinating with other services as necessary. Some of the practical steps involve completing regular reviews, establishing safety plans, encouraging healthy habits, building social connections and making timely referrals. Overall, a combination of medical treatment and a more general and

holistic social care are essential in supporting the recovery from depression as it is affected by the person's full life circumstances.

Conclusion

To conclude, depression is a serious public health problem, as it is experienced by a significant proportion of the global population and in the UK. It can have a major impact on emotional wellbeing, physical health, relationships, education, employment and overall quality of life. Measurement and monitoring of depression is essential to help health professionals know what trends are developing, which groups are at greatest risk and to plan effective services in the community. Early identification, health promotion, psychological therapies, medication and social support (when necessary) can all be used to control depression. Support needs to also tackle wider social issues like poverty, isolation, housing issues, unemployment etc that can further compound the likelihood of depression or contribute to difficult recovery. Thus, there is a need for a coordinated strategy between health services, social care and voluntary agencies and community support services, to address individual needs with regard to depression.

Bibliography

- Arrow, K., Resnik, P., Michel, H., Kitchen, C., Mo, C., Chen, S., Espy-Wilson, C., Coppersmith, G., Frazier, C. and Kelly, D.L., 2023. Evaluating the use of online selfreport questionnaires as clinically valid mental health monitoring tools in the clinical whitespace. *Psychiatric Quarterly*, 94(2), pp.221-231.
- Barnhofer, T., Dunn, B.D., Strauss, C., Ruths, F.A., Barrett, B., Ryan, M., Ladwa, A., Stafford, F., Fichera, R., Baber, H. and McGuinness, A., 2025. Mindfulness-based cognitive therapy versus treatment as usual after non-remission with NHS Talking Therapies high-intensity psychological therapy for depression: a UK-based clinical effectiveness and cost-effectiveness randomised, controlled, superiority trial. *The Lancet Psychiatry*, 12(6), pp.433-446.
- Bernard, R., Hofslundsengen, H. and Frazier Norbury, C., 2022. Anxiety and depression symptoms in children and adolescents who stutter: A systematic review and metaanalysis. *Journal of Speech, Language, and Hearing Research*, 65(2), pp.624-644.
- El Baou, C., Bell, G., Saunders, R., Buckman, J.E., Mandy, W., Dagnan, D., O'Nions, E., Pender, R., Clements, H., Pilling, S. and Richards, M., 2023. Effectiveness of primary care psychological therapy services for treating depression and anxiety in autistic adults in England: a retrospective, matched, observational cohort study of national health-care records. *The Lancet Psychiatry*, 10(12), pp.944-954.
- Gilbert, P., 2025. for Depression. *Grounding Psychotherapy in Self-Compassion*, p.196.
- Grassini, S., 2022. A systematic review and meta-analysis of nature walk as an intervention for anxiety and depression. *Journal of clinical medicine*, 11(6), p.1731.
- Kendrick, T., Pilling, S., Mavranouzouli, I., Megnin-Viggars, O., Ruane, C., Eadon, H. and Kapur, N., 2022. Management of depression in adults: summary of updated NICE guidance. *Bmj*, 378.
- Leichsenring, F., Steinert, C., Rost, F., Abbass, A., Heim, N. and Ioannidis, J.P., 2023. A critical assessment of NICE guidelines for treatment of depression. *World Psychiatry*, 22(1), p.43.

- Lu, B., Lin, L. and Su, X., 2024. Global burden of depression or depressive symptoms in children and adolescents: A systematic review and meta-analysis. *Journal of affective disorders*, 354, pp.553-562.
- Menon, A. and Sain, K., 2023. Increasing the Efficiency Of Community Mental Health Team (CMHT) MDT Meetings in Birmingham & Solihull Mental Health NHS Foundation Trust (BSMFT). *BJPsych Open*, 9(S1), pp.S101-S102.
- Paleri, V., Valmaggia, L., Kaleva, I., Martland, R. and Riches, S., 2025. Digital staff support interventions for the psychological wellbeing of healthcare professionals: a systematic review. *Journal of Technology in Behavioral Science*, 10(2), pp.250-282.
- Pettman, D., O'Mahen, H., Blomberg, O., Svanberg, A.S., von Essen, L. and Woodford, J., 2023. Effectiveness of cognitive behavioural therapy-based interventions for maternal perinatal depression: a systematic review and meta-analysis. *BMC psychiatry*, 23(1), p.208.
- Schoretsanitis, G., Weiler, S., Barbui, C., Raschi, E. and Gastaldon, C., 2024. Disproportionality analysis from World Health Organization data on semaglutide, liraglutide, and suicidality. *JAMA network open*, 7(8), p.e2423385.
- Scott, M., 2024. The UK NHS talking therapies fantasy. *Psicología Clínica*, 1(1).
- Thapar, A., Eyre, O., Patel, V. and Brent, D., 2022. Depression in young people. *The Lancet*, 400(10352), pp.617-631.
- Williams, M., Teasdale, J., Segal, Z. and Kabat-Zinn, J., 2024. *The mindful way through depression: Freeing yourself from chronic unhappiness*. Guilford Publications.
- Yong, S., Hung, M.W., Yuan, C.W., Chiu, C.C., Huang, M.C. and You, C.W., 2023. Mind and body: The complex role of social resources in understanding and managing depression in older adults. *Proceedings of the ACM on Human-Computer Interaction*, 7(CSCW1), pp.1-25.
- Zhou, M., Zhou, X., Liu, C. and Chen, Y., 2026. The Effect of Home-and Community-Based Eldercare Services on Depression in the Elderly: Evidence From China Longitudinal Aging Social Survey. *Health & Social Care in the Community*, 2026(1), p.9920025.