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Assessment One

Supporting Paper

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1. Introduction

In this supporting paper, a common definition of mental health disorders, a widespread overview of historical views and treatments of mental health disorders will be provided. The paper will focus on depression, its definition, its classification in the ICD-MANUAL, including the symptoms, diagnosis, signs, historical overview, and evaluation of the past treatments in comparison with current treatments of depression. Furthermore, NICE guidelines as regards working with people with depression will be discussed.

A mental health disorder can be described as a health condition that involves changes related to emotion, thinking, or a combination of both factors. It goes hand in hand with distress and problems in functioning at work, family, or socially (Parekh, 2018)

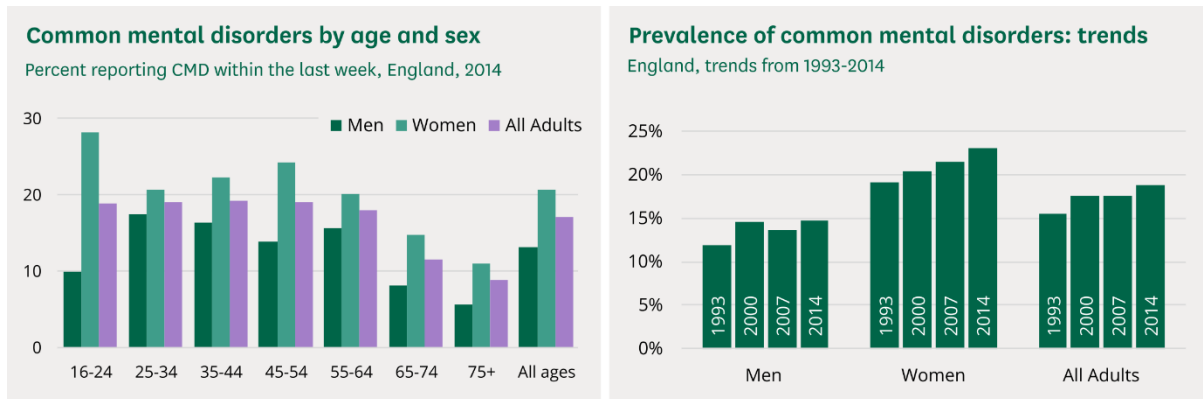


Figure 1: House of Commons, 2021

In the UK, one in six people over the age of 16 had suffered a form of mental illness like depression or anxiety.

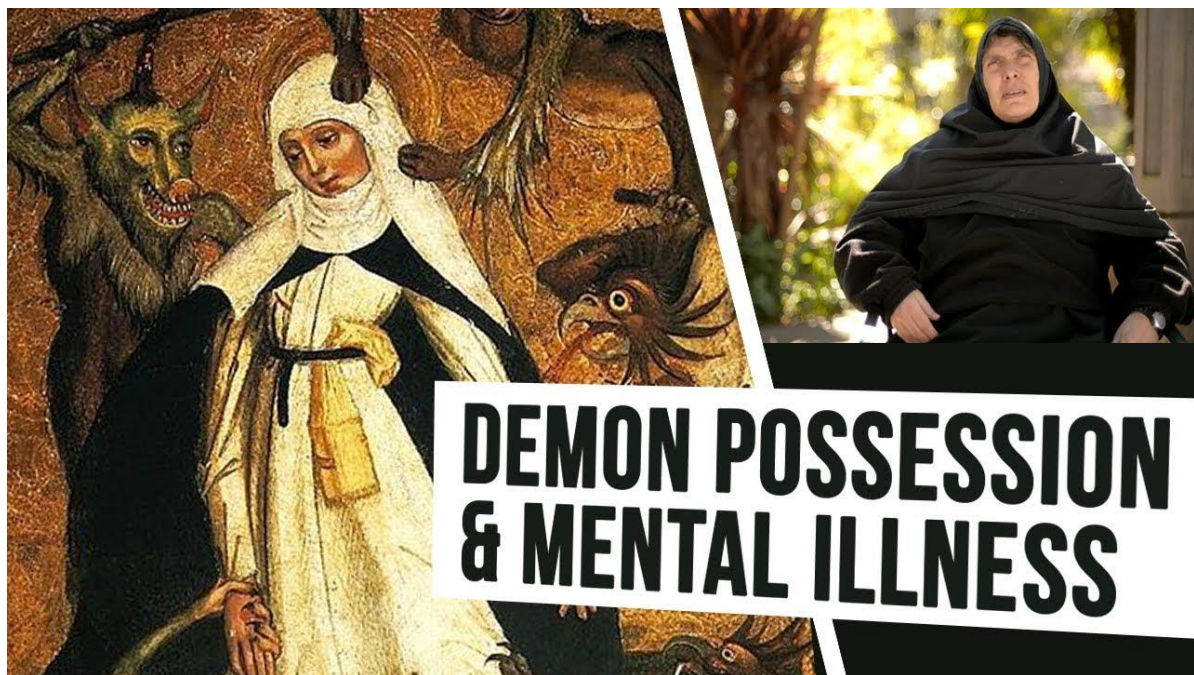


Figure 2: (Wright, 2017)

2. History of mental illness

The belief of ancient man was that mental illness had a basis in supernatural causes such as demonic or spiritual possession and domination, the wicked or evil eye, and angry Gods.

Due to this belief, the treatments were usually spiritual and can also be brutal. In prehistoric Mesopotamia, priests treated people with mental disorders with portions, exorcism, incantations, prayers, and several rituals with the intention of driving out the evil spirits. Hippocrates believed that **depression** was caused by four fluids in the body that was unbalanced.



Figure 3: Bosch, 2010

Egyptians were the most advanced thinkers as regards treatment as they recommended that patients with mental disorders should take part in activities like dancing, concerts, painting etc which they believed would help them regain some normalcy. (Parekh, 2018)

3. Classification of Depressive episode in ICD-10

3.1. Mood [affective] disorders (F30-F39)

'This block contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to or easily understood in the context of, the change in mood and

activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations. (WHO, 2010).

3.1.1. Depressive Episode F 32

"In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and inactivity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed '(WHO, 2010).

In psychiatry, depression is defined as a mental condition that is often characterised by intense feelings of despondency, inadequacy, guilt, and lack of energy. (Lexico.com, 2022). It is a prevalent mental disorder that impacts negatively on the thought process of a person, affecting how they think, feel and act. it is a serious but treatable condition (Torres, 2020).

It is a state of constant unhappiness that affects daily life (MSD, 2022).

The WHO stated that over 280 million people suffer different types of depression worldwide, about 3.8percent is affected, this includes 5percent of adults and 5.7percent of adults above 60 years, it is closely linked to suicide which kills over seven hundred thousand people yearly. Statistically, suicide represents the fourth principal reason of death of people between the ages of 15 to 29 years old. **In the UK**, one in six adults suffers from depression weekly. £14.3 billion was spent on mental health services in 2021. It is common among women (WHO, 2021).

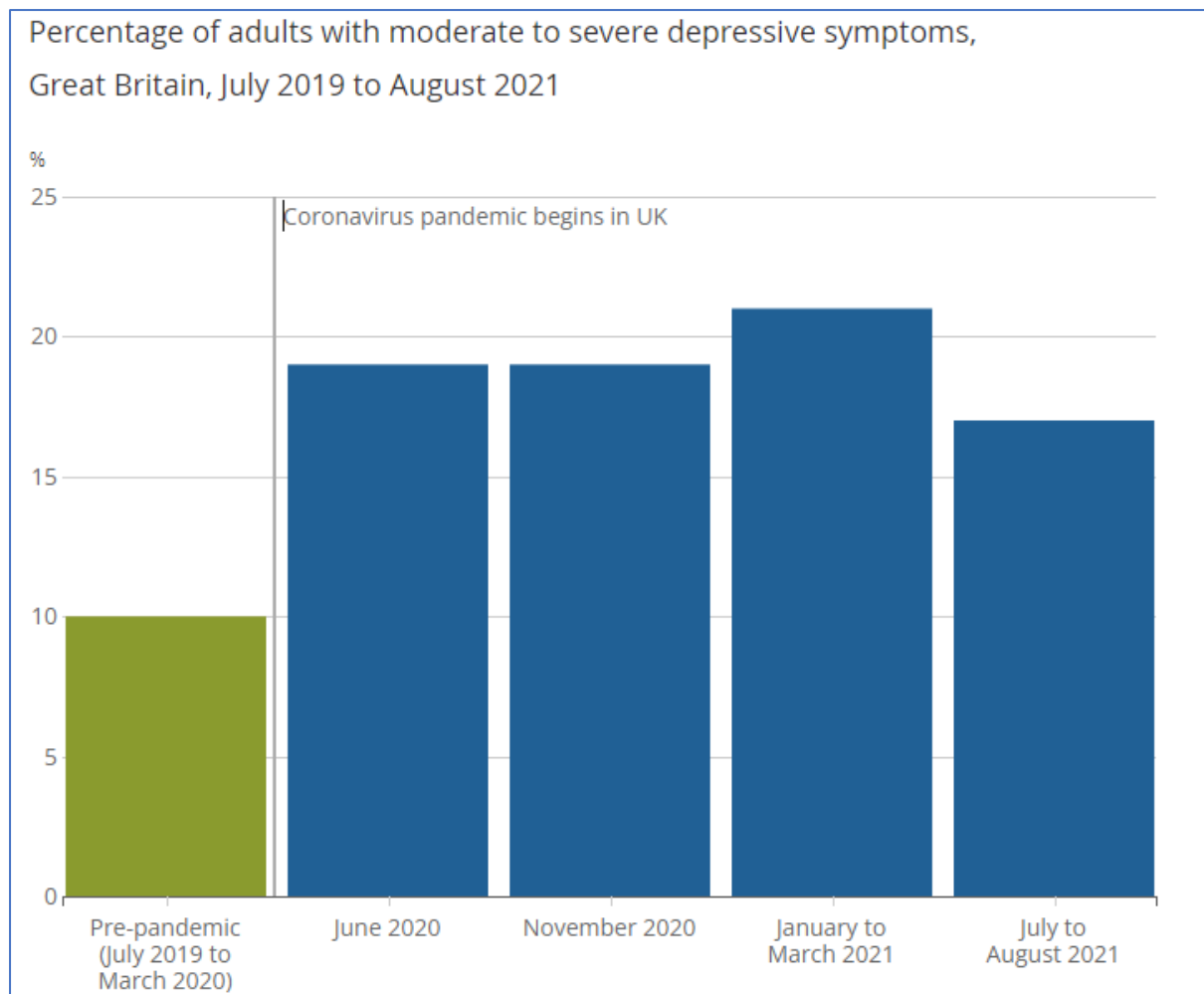


Figure 4: ONS, 2021

One in six adults suffered from depression in the summer of 2021 as described in the graph above.

Patients that are single or no longer married tend to have a worse prognosis of depression (Buckman et al., 2021). There is a general deterioration in mental health and an upsurge in depressive patients during the coronavirus pandemic, groups like women, young adults between the ages of 18 and 34, over 18s with pre-existing mental and physical issues, people in deprived areas, those that have lost income and employment, etc were found to be more probable to suffer from mental health conditions (GOV.UK, 2021).

4. Causes of Depression

Depression can be caused by several factors, some of the most prominent are

Experiences in childhood such as 'emotional, physical, or sexual abuse, events that are traumatic, bereavement of someone close, being neglected, having instability in family life.

Poor physical health, genetic inheritance, alcohol recreational drugs and medication, lack of sleep can also cause depression (MIND, 2019).

5. Diagnoses of Depression

Depression diagnoses does not usually include physical tests, the GP will normally carry out an examination and sometimes analyse the blood through tests to eliminate other conditions that demonstrate similar symptoms. The principal way a GP diagnoses depression is to ask questions about the health of the patient and how feelings affect the person physically and mentally (NHS, 2021)

6. Symptoms and Signs of Depression

Symptoms associated with depression can be complex and depends on each person. The signs normally continue for weeks or months and can impact negatively on social life, work and family life. Some of these symptoms are:

6.1. Psychological Symptoms

Some of these can be a feeling of hopelessness and helplessness, deep sadness and low mood, low esteem, being tearful, feeling guilty, feelings of irritation and intolerance towards close persons and others, struggle to take decisions and have pleasure in life, constantly feeling anxious and troubled, suicidal thoughts and pondering harming themselves.

6.2. Physical Symptoms

Physical symptoms may include appetite and weight changes, moving and talking slower than usual, aches and pains, libido loss, irregular menstrual cycle, and sleep problems.

6.3. Social Symptoms

The social symptoms could be keeping away from friends and family, lack of interest in hobbies and activities that previously interested them and having problems in the workplace, home and family relationships. (NHS, 2019)

7. Historical Treatments and Ideas about Depression

In Mesopotamia in the second millennium, depression was described as a spiritual condition and not a physical one. The belief was that it was **caused by demonic possession**, this was why priests were specifically assigned to deal with it.

The Romans, Greeks and people of Babylonian, China, and Egypt all believed that malevolent spirits and demons was responsible for the illness of the mind. As a result of this belief, the **method of treatment** included things like **beatings, starvation and physically restraining the patient** to drive the demon out. The **Greek physician Hippocrates** suggested that it was caused by **four imbalanced body fluids**. while a **Roman**

philosopher called Cicero had a different view, stating that psychological causes such as grief, rage, and fear was responsible. (Schimelpfening, 2014)

8. Current Treatments

Current treatment of depression involves combining self-help, medicines and talking therapies. The treatment recommended by the GP will depend heavily on what type of depression the person is suffering from.

Mild depression involves a wait-and-see attitude, exercise and physical activities and self-help. **Mild to moderate** depression will be approached using talking therapies like Cognitive behavioural therapy (CBT) and counselling. In the case of **moderate to severe depression**, it involves the prescription of antidepressants, combining therapies and the involvement of mental health teams. Other treatment methods include interpersonal therapy, psychodynamic psychotherapy, counselling, antidepressants, and selective serotonin reuptake inhibitors. Studies have demonstrated that anti-depressants such as Venlafaxine and duloxetine also called serotonin-noradrenaline reuptake inhibitors (SNRIs) show greater effectiveness. (NHS, 2019). Since it shows greater effectiveness, **my judgement** is that it should be used more in treating patients, but caution should be exercised because it had been found to increase blood pressure.

9. The Positive and Negative Aspects of Current Treatments

Studies have indicated that **electroconvulsive therapy (ECT)** is claimed to have high effectiveness in treating major depression. The available evidence has shown that patients with severe major depression show substantial improvement in about **80 per cent** of cases (American Psychiatric Association, 2019). Although the treatment appears **harsh and violent in my view**, the most important consideration is the positive result derived for patients. Several medical experts agree that combining antidepressants and psychotherapy is the **most effective treatment** for severe clinical depression (DeNoon, 2022). This treatment is better than historical treatments that was harsh, violent and often lead to tragic results.

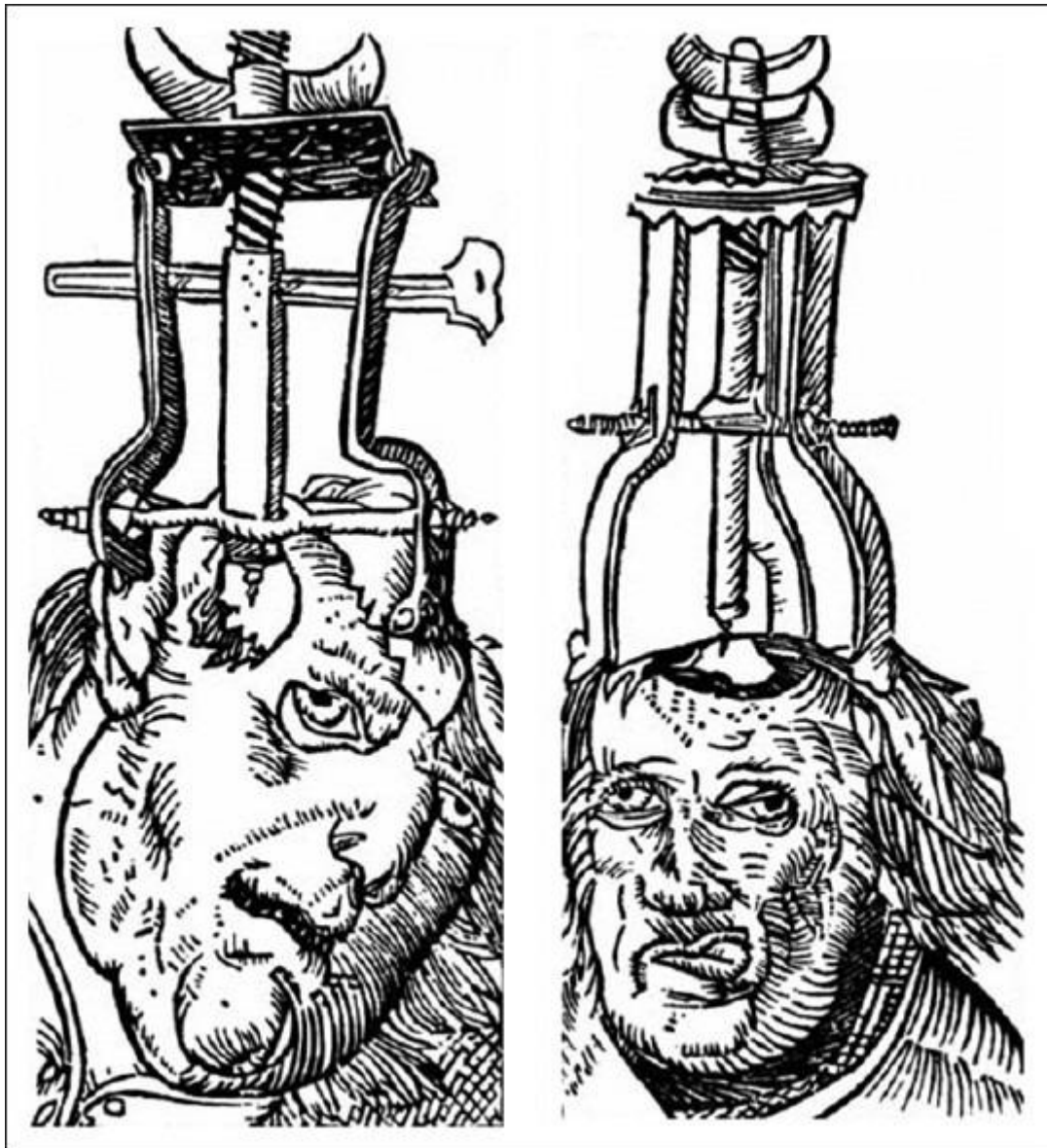


Figure 5: Renaissance instruments 1525 (Trivedi et al., 2012)

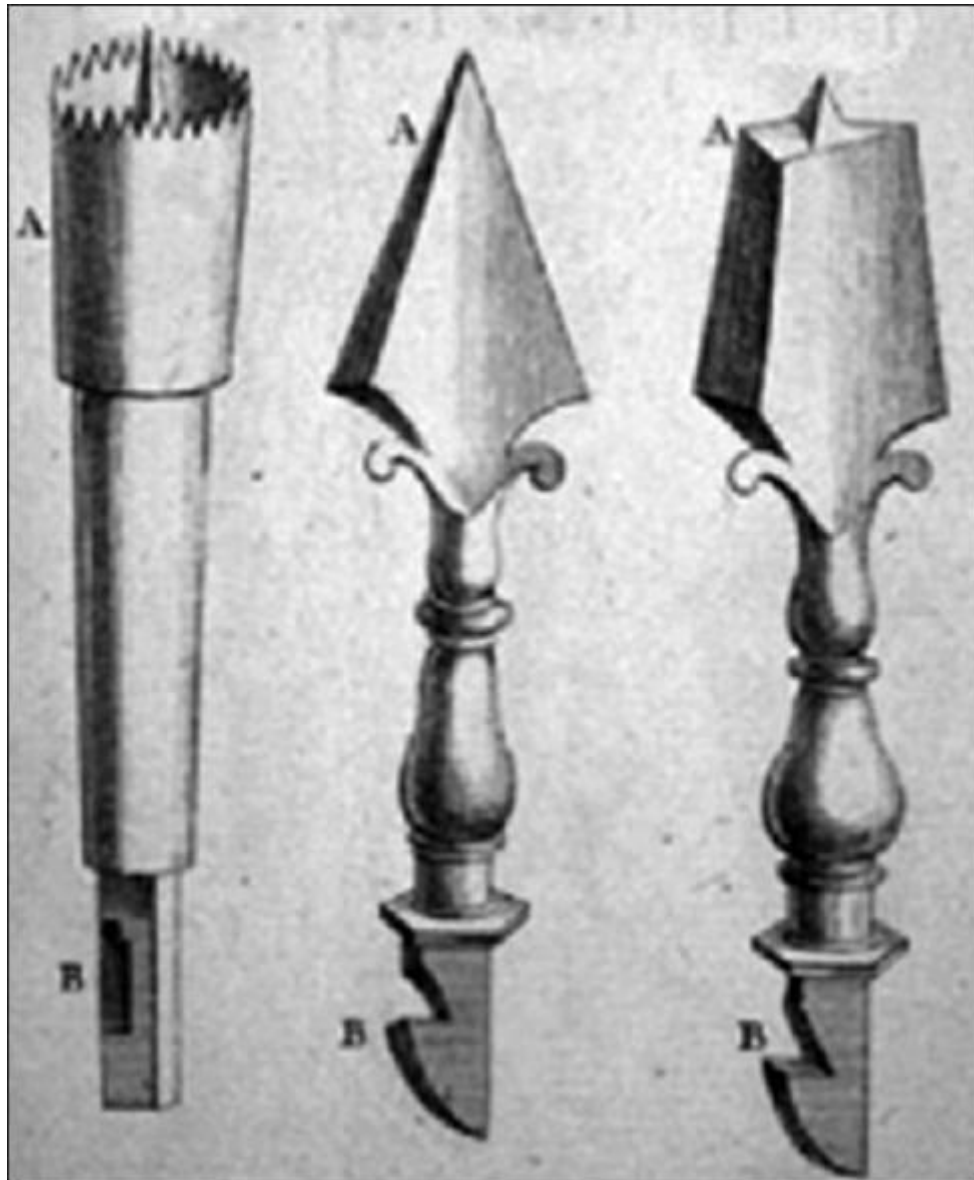


Figure 6: Surgical instruments to perforate the cranium by Roman surgeons. (Faria, 2013)



Figure 7: Neolithic Trepanation (The Ohio State University, n.d.)

Holes were dug in the cranium of patients to provide an escape route for the demon that was believed trapped inside, the treatment was for headaches, convulsions etc (Faria, 2013)

The success of current treatments has demonstrated that this treatment was wrong.

Current treatments like talk therapy are **non-invasive** and have **few side effects** while antidepressants can take about a month to start functioning and can have side effects such as very **rapid weight gain, swings in mood, reduced sex drive, irritability** etc. (Seide, 2021)

The case of Rosemary Kennedy who had learning disabilities and a lobotomy was carried out on her with the result leaving her incapacitated permanently is an example (Toler, 2021).

10. Issues involved in providing professional support and policies in relation to depression

Several issues have developed over the years in relation to depression in the healthcare system of the UK such as failures in treatment (Blackburn, 2019). The antidepressant drug Selective Serotonin Reuptake Inhibitors [SSRIs] have long been linked to the worsening of suicidal thoughts and ideas by vulnerable patients (Trivedi et al., 2012). A study in Sweden indicates that the treatment is linked to an upsurge in the probability of attempting suicide and related deaths, especially in childhood and during adolescence (Lagerberg et al., 2021).

The use of electroconvulsive therapy (ECT) is also controversial, research is unclear as to the effect of the treatment and how it can improve mental health disorders (MIND, 2019). Current literature and evidence have concluded that it impacts the structure and functioning of the brain but there is no conclusive evidence that it causes brain damage (Jolly and Singh, 2020), furthermore, evidence suggests it causes memory loss (Sinclair, Ellison and Adams, 2019). Some people are negatively affected by the stigma attached to having a mental health disorder (Bailey and Tribe, 2020). Discrimination against employees that suffer from depression is another problem, studies have stated this (Hackett et al., 2020). Studies have concluded that people suffering from mental health issues are the most oppressed and marginalized in society, especially in minority communities (Burnette, Renner and Figley, 2019). There is a greater risk to life and a reduced life expectancy among those suffering from a severe and continuous mental health condition (Public Health England, 2018). There has also been lack of quality care, and prognosis including clinical trials that have been biased in relation to depression (Blackburn, 2019).

11. NICE guidelines in treating people with depression

Medical and healthcare personnel should adhere to the guidelines in relation to good practice as stated by NICE (National Institute of Health and Care Excellence, 2017) . They should carry out their roles in an engaging, non-judgmental, and open manner. They should not impose their personal ideas but should explore all options for treatment. They should be conscious of stigma and the connection with depression (Bailey and Tribe, 2020). Data should be handled in a confidential manner and respect should be given to the privacy and dignity of the service user. The provisions of the Equality Act 2010, The Human Rights Act 1998, the Mental Health Act 1983. and the Data Protection Act 2018. Should be followed.

12. Recommendation

Practitioners should follow the recent changes to recommendations for treatment for signs of mild depression by including complementary therapies. St. John's wort, a herbal remedy, has been found to be more effective in comparison with antidepressants in the treatment of patients with mild to severe depression (Haller et al., 2019). According to a systematic review, patients with mental disorders including depression, who employed the use of yoga, demonstrated a greater reduction in depressive symptoms (Brinsley et al., 2020), which is cost-effective in relation to the use of drugs. Moreover, the National Institute for Health and

Care Excellence (NICE) introduced new guidelines in October 2021 for the treatment of mildly severe depression. The guideline stated that complementary therapies like massage, physical activities, and meditation should be offered by GPs prior to the prescription of antidepressants, and patients should have an option to choose what option is okay for them (National Institute of Health and Care Excellence, 2021)

13. Conclusion

Depression is a prevalent condition, and the treatment has gone through several difficult stages from historical times to current times. Current laws tend to help in protecting the rights of people suffering from depression and other mental health disorders and improvements in the guidance from NICE have opened the gateway to the use of complementary therapies in alleviating and treating the symptoms of depression.

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16. Appendix: PowerPoint Presentation – Debate

Assessment 1 Mental Disorders

- ▶ STUDENT NAME: MICHAEL ABAK
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- ▶ MODULE NAME: MENTAL DISORDERS AND PSYCHOPATHOLOGY
- ▶ MODULE CODE: BMHP6006
- ▶ LECTURER : BIANCA SANFILIPPO
- ▶ DATE: 05/04/2022



Depression

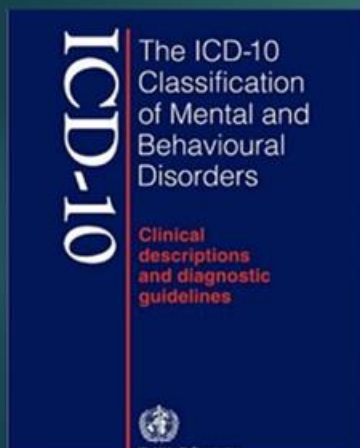
The importance of awareness about Depression

- ▶ Helps silent sufferers to come forward and address the stigma aspect.
- ▶ Sheds light and comprehension of mental health disorders.



(Jamm, 2022)

Classification of Depressive episode in ICD-10



- Mood [affective] disorders (F30-F39).
- Depressive Episode F 32
- *'This block contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations'*

(WHO, 2010).

Definition of Depression



(Indiana university, 2014)

- Depression is a prevalent medical illness that negatively affects how a person feels, thinks, and acts, (Torres, 2020)
- Depression is severe and persistent unhappiness that affects daily life and reduces interest in activities and pleasure, (MSD MANUAL, 2022)

Who is affected by depression?

- Approximately 280 million people suffer from depression globally, (WHO, 2021)
- The mental disorder affects people of varied ages and sexes. Women suffer more. (WHO, 2021b)
- Prevalence in the UK is 4.5 % (NICE, 2021)
- Coronavirus pandemic effect
- (Salari et al., 2020)



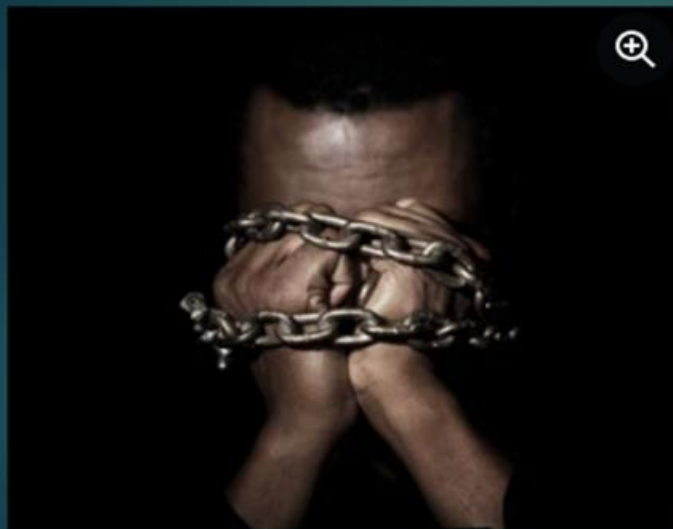
(Verywellmind, 2020)

Types of depression



(Verywellmind, 2020)

- Dysthymia, chronic depression that can be mild, moderate, or severe, (Verywellmind, 2021)
- Manic depression, high mood, engaging in harmful behaviour like reckless spending, gambling and unsafe sex, (NHS, 2019)
- Peripartum depression, irritation feelings towards partner, tearful, sadness, feelings of hopelessness, guilt and self-blame
- Can be low, mild and severe, (NHS, 2021)



(Sidelnykov, 2022)



The causes of depression (Aetiology)

- Traumatic event
- Health problems
- Genetically inherited
- Recreational drugs, medication and alcohol
- Exercise, diet and sleep
- Difficult childhood

(MIND, 2022)

Diagnosis of depression



(duarte-castelao, 2016)

- Questions will be asked by your GP about how your feelings affect you mentally and physically.
 - Urine and blood tests may be undertaken by the GP to rule out other conditions with similar symptoms.
- (NHS, 2021a)

Symptoms associated with depression

Psychological

- Hopelessness and helplessness
 - Demotivated
 - Tearful and guilt-ridden
 - Thoughts of suicide and harming oneself
 - Irritable, anxious and worried
- (NHS, 2019b)

Social

- Avoiding social contact
- Abandon interests
- Difficulties at work and home

Physical

- Loss of sex drive
 - Disturbed sleep
- (RCPSYCH, 2019)

Historical view of depression



(Bosch, 2022)

- It was believed to be caused by demons and evil spirits by ancient Greeks, Egyptians, Romans, and Babylonians.
- The condition was classified as spiritual and not physical
- Some ancient Greek and Roman doctors believed it was caused by biological and psychological reasons.
- The Greek physician Hippocrates, believed it was caused by four body fluids that were imbalanced. Specifically, excess bile in the spleen.
- In contrast the Roman philosopher Cicero believed psychological factors like rage, grief, and fear were responsible.
- (Verywellmind, 2020)

Historical and current treatment

Historical

- Donkey milk and poppy extract medication
- Phlebotomy
- Beatings
- Physical restraint
- Starvation
- Lobotomy

(Verywellmind, 2020)

Current

- Mild; Exercise and self-help
- Mild to moderate; Talking therapies like counseling and CBT cognitive behavioural therapy.
- Moderate to severe: Antidepressants, combination therapy, referral to mental teams.
- Psychodynamic psychotherapy
- Interpersonal therapy

(NHS, 2019c)



(Young, 2018)

Principles when working with people with depression

- Person-centred approach should be followed to give support to the service user. Family members should be included
- The rights of service users should be respected and be treated with dignity at all times as stated in the Equality Act 2010. (GOV.UK, 2010)
- The provisions of The Human Rights Act 1998 must be adhered to in relation to the dignity of service users suffering from mental health disorders.
- The patient's right to privacy should not be violated when handling their data in accordance with the (Confidentiality and Data Protection Act 2018). (NICE, 2021b)



NICE

National Institute for
Health and Care Excellence

Conclusion

Depression is a common condition that is frequently not recognized, diagnosed, and treated. It can cause suffering and an increased risk of suicide. Current treatments are an improvement from past treatments that were harsh, discriminatory, and based largely on ignorance. Legal protections exist to protect the rights of patients like the human rights Act of 1998, The Equality Act of 2010, and the Mental Health Act of 1983 and 2007. These laws lend a voice to silent sufferers and encourage them to seek help and speak up when they are not Ok.

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