

**Depression: Management and Care in the United
Kingdom**

**Module: LCHS7003 Community Care and Management of
Long-Term Conditions**

Assignment: Individual Presentation (Component 2)

Target Audience: Community Healthcare Assistants

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Overview of Depression

- Depression is a prevalent mental illness that impacts mood, thoughts and day-to-day behaviour as prescribed by the World Health Organization, (2022).
- Characterised by a continuous sadness, lack of motivation and interest in activities.
- Known as a chronic illness if the symptoms persist over a long time.
- It has impacts on emotional well-being, thinking and physical well-being.
- Related to a worse quality of life, higher health risks and functional impairment (Zhou, et al., 2022)

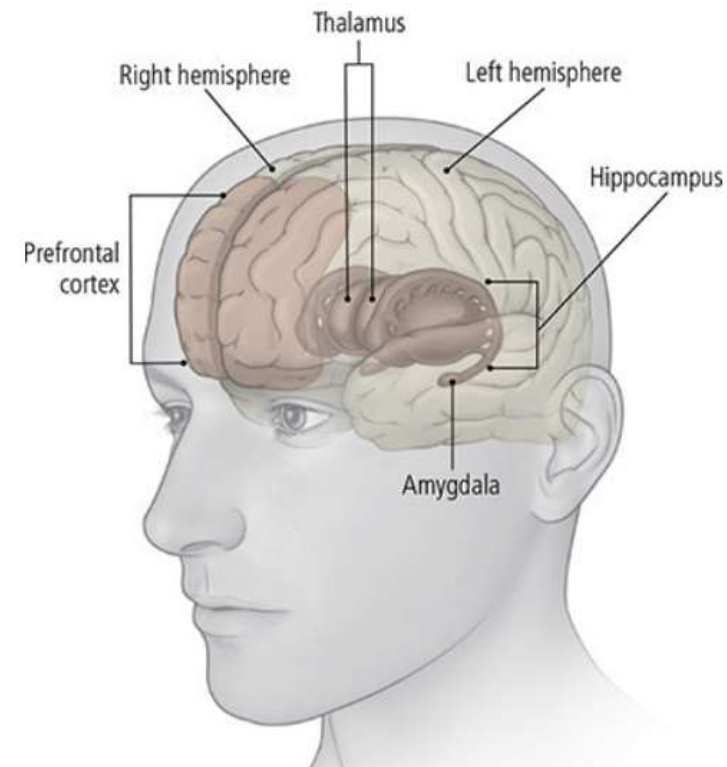
Symptoms of Depression

- Constant low mood, sadness or hopelessness in the long run (World Health Organization, 2025)
- Loss of interest or enjoyment in the normal daily activities and relations.
- Sleep problems, insomnia or sleeping excessively.
- Loss of or increased hunger, with actual weight loss or gain.
- Feeling of fatigue, lack of energy, loss of concentration and decision making.
- Severe forms can be associated with suicidal ideations or self-injurious behaviour (Arnone, et al., 2024).



Causes and Aetiology of Depression

- Some biological causes are the lack of balance in neurotransmitters like serotonin and dopamine (Harvard Medical School, 2022).
- Psychological factors are trauma, negative thoughts and chronic stress.
- Social factors are poverty, unemployment, isolation and significant life events.
- Also, due the fact that genetic predisposition can make an individual susceptible to depression may also increase their vulnerability (Zhang, et al., 2023)
- It is typically a combination of biological, psychological and social factors.



Types of Depression

- Major depressive disorder is characterised by severe and chronic symptoms that impact daily life (Bains and Abdijadid, 2023).
- Key characteristics of persistent depressive disorder are a low mood for two years or longer.
- Postnatal depression is a condition that affects women following childbirth and affects maternal wellbeing (Cleveland Clinic, 2022).
- Seasonal affective disorder is a condition that takes place in certain seasons, usually in winter.
- Types of differentiation are more severe, longer and need specific treatment strategies.



Prevalence (UK and Global)

- Each year about 1 out of 4 adults in the UK has common mental health disorders (MIND, 2026).
- Depression is a major indicator of disability in the world and is a disability that affects millions of people around the world.
- The prevalence of depressive disorders in adults is estimated to be about 11.3% (de la Torre, et al., 2020).
- There are increased rates in women and young adults and the trends are on the increase after COVID.
- Growing demand for services indicates growing concern about health among the people.

Economic Burden of Depression

- At least £117.9 billion per year is spent in the UK economy on mental health conditions (NHS England, 2025).
- Wider estimates indicate that the total costs could be up to £300 billion a year in England (Centre for Mental Health, 2024).
- More than £12 billion is spent on mental health services by the NHS each year (NHS England, 2024).
- Unemployment, decreased productivity and long-term absence are all considered indirect costs.



Social Burden of Depression

- Depression damages the quality of life and influences the functioning on a daily basis (Cleveland Clinic, 2022a).
- Social withdrawal, stigma and decreased participation are experienced by many.
- Higher influence on family roles, relationships and caregiving responsibilities (Hou, et al., 2025)
- The majority of individuals affected by depression cannot work because of their mental illnesses.
- Higher levels of risk of substance abuse and chronic social disadvantage.

Diagnosis and Initial Assessment

- The symptoms that persist for at least two weeks are used to diagnose it clinically (Tolentino and Schmidt, 2018).
- Structured assessment, recommended by NICE can be performed with the help of PHQ-9 and GAD-7 (Kroenke, et al., 2017).
- Severity is categorised based on the effect of the symptoms as mild, moderate or severe.
- Risk assessment will involve self-harm and suicide risk assessment.
- Holistic assessment takes into account the physical health, social situation and comorbidity.

PHQ-9				
	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed, or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
GAD-7				
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3

Management of Depression (UK Guidelines)

- NICE proposes a model of stepped care which is determined by severity and patient needs (NICE, 2009).
- Assessment, psychoeducation and active monitoring are involved in Step 1.
- Step 2 includes low-intensity interventions, like guided self-help and online CBT.
- Step 3 involves intensive treatments and antidepressant drugs.
- Step 4 includes special treatment of complex or treatment-resistant depression.

Models and Frameworks in Depression Care

- The biopsychosocial model is the interaction of biological, psychological and social factors (Marschall, 2023).
- Recovery model concentrates on individual significance, self-sufficiency and health over the long term (Sánchez-Guarnido, et al., 2024)
- Person-centred care makes sure that the treatment is based on personal values and preferences.
- Self-management model encourages patients to be involved in symptom management (Conley, et al., 2026).
- These frameworks promote comprehensive care, enhance interactions and recovery outcomes.

Treatment of Depression

- Pharmacological therapy involves the use of antidepressants (e.g. sertraline) (Cleveland Clinic, 2023).
- Cognitive behavioural therapy and counselling are among the psychological therapies.
- Social interventions include peer support groups and community-based programmes.
- The moderate and severe cases should be treated with a combination of therapy and medication that NICE recommends (NICE, 2022).
- The choice of treatment is based on the severity, preference and response of the patient to the interventions.



Comorbidities Associated with Depression

- Depression is usually associated with anxiety disorders, with about half of the patients (Hirschfield, 2001).
- Chronic illnesses, including diabetes and cardiovascular disease, put an individual at a higher risk of depression.
- Persons having a long-term illness are twice or thrice more likely to become depressed (Kim, et al., 2021).
- What can be improved is the use of substances, such as alcohol and drugs that may increase symptoms and treatment outcomes.
- Morbidity Comorbidity is a risk factor that elevates the risk of mortality and needs to be managed in a multidisciplinary manner.

Prevention of Depression



Prevention and early intervention are enhanced by early diagnosis of the symptoms and risk factors.



Depression can be lowered by lifestyle changes, including regular exercise which can lower it by up to 48% (Wanjau, et al., 2023).



Emotional resilience and mental well-being are enhanced by strong social support networks.



Stress management like mindfulness and coping strategies is effective.



The stigma and negative attitude to seeking help are lowered by public health programmes and campaigns (Henderson, et al., 2013).



Skills, Values and Behaviours of Healthcare Professionals

- The presence of good communication will aid in establishing trust and open dialogue about mental health issues.
 - Patient-centred care requires empathy and a non-judgemental attitude (Varghese and Khakha, 2025).
 - Cultural competence will make sure that care is suitable for different populations.
 - The ability to identify the symptoms early enhances timely intervention and referral.
 - Professional behaviour helps to adhere, to engage and better patient outcomes (Krist, et al., 2020).
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Recommendations Using Personalised Care Model



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