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Depression in Women:

Understanding Long-Term Impact and Care



An Information Booklet

Depression is a prevalent and disabling long-term mental health condition that disproportionately affects women.

This booklet explores depression in women using a biopsychosocial framework. It examines prevalence, causes, symptoms, and impacts, alongside evidence-based treatment options available in the UK. It also critically considers how individuals, families, and carers can support recovery within a long-term condition approach.

Key Facts

- Depression is a common and serious mental health condition that affects thoughts, emotions, behaviour, and physical wellbeing (NHS, 2023).
- Women experience depression at significantly higher rates than men, influenced by biological, psychological, and social factors (World Health Organization [WHO], 2023).
- The risk of depression increases during hormonal transitions, particularly during pregnancy and within the first year after childbirth (NICE, 2022).
- In the UK, approximately one in four women will experience depression at some point in their lives (NICE, 2022).

- Depression is treatable. Evidence-based management may include self-help strategies, psychological therapies such as cognitive behavioural therapy (CBT), and antidepressant medication where clinically indicated (NICE, 2022).

What is Depression?

Depression is a common and serious long-term mental health condition characterised by:

- Persistent low mood
- Loss of interest or pleasure
- Fatigue
- Impaired daily functioning

(NHS, 2023)

Clinically, symptoms must persist for at least two weeks to meet diagnostic criteria. Increasingly, depression is recognised as a chronic and relapsing condition requiring long-term management rather than short-term intervention (NHS, 2023).

Globally, depression affects over 280 million people and is a leading cause of disability (World Health Organization, 2023). Women experience depression at approximately one and a half to two times the rate of men. In the UK, around one in four women will

experience depression during their lifetime, with particularly high prevalence during the perinatal period and menopause (NICE, 2022).

The sustained burden of depression places significant pressure on health and social care systems, contributing to increased NHS utilisation, work absence, and economic cost (Lloyd & Heller, 2012)

Signs and Symptoms of Depression in Women

Women may experience emotional, physical, cognitive, and behavioural symptoms.

Common symptoms include:

- Persistent sadness
- Anxiety
- Tearfulness
- Low energy
- Sleep disturbance
- Changes in appetite
- Reduced concentration
- Feelings of guilt or worthlessness
- Social withdrawal
- Loss of interest in previously enjoyed activities

(NHS, 2023)

Many women also report physical symptoms such as headaches or unexplained pain, which can delay recognition and treatment.

Causes and Risk Factors

Depression in women develops through interacting biological, psychological, and social factors, consistent with Engel's biopsychosocial model (Engel, 1977).

Biological factors

- Genetic vulnerability
- Neurochemical dysregulation
- Hormonal fluctuations during puberty, pregnancy, postnatal period, and menopause (Grazia et al., 2024)

Psychological factors

- Trauma
- Low self-esteem
- Rumination
- Chronic stress

Social factors

- Poverty

- Insecure housing
- Gender inequality
- Caregiving responsibilities
- Exposure to domestic or sexual violence

- Chronic fatigue
- Sleep disturbance
- Appetite and weight changes
- Somatic symptoms such as pain

(England & Sim, 2009)

Women are more likely to undertake unpaid caring roles, balancing employment with childcare or elder care. These pressures contribute to chronic stress and emotional exhaustion. Social inequalities also affect access to treatment and recovery outcomes.

Why Is Depression More Prevalent in Women?

Higher prevalence is linked to reproductive life events, greater exposure to trauma, and structural inequality. Differences in help-seeking behaviour and diagnostic practices may also influence reported rates. These perspectives highlight the need to interpret prevalence within broader social and cultural contexts.

Impact of Depression on Women

Depression has wide-ranging physical, psychological, and social consequences.

Physical impact

Psychological impact

- Persistent guilt, hopelessness, and worthlessness
- Reduced confidence
- Impaired concentration
- Increased risk of self-harm and suicidal ideation

Social impact

- Relationship strain
- Reduced work capacity
- Financial insecurity
- Parenting challenges

Untreated depression may reinforce existing socioeconomic inequalities and affect long-term independence.

Impact on Families and Carers

Depression in women has significant implications for families and informal carers. Partners, children, and extended family members often require emotional and practical support, which can lead to increased

stress, role strain, and carer burnout. Children of mothers with depression are at increased risk of emotional, behavioural, and developmental difficulties, highlighting the intergenerational impact of untreated mental illness (Living Well UK, 2024).

Women are Societies Carers'

Despite their central role, carers' needs are frequently overlooked within mental health services. A long-term condition approach to depression necessitates recognition of carers as partners in care, alongside the provision of appropriate assessment, support, and respite.

Types of Depression More Common in Women

Some forms of depression are more closely linked to hormonal changes and life stages experienced by women (Australia, 2023). These types can have a significant impact on wellbeing and daily functioning (Australia, 2023).

Premenstrual Dysphoric Disorder (PMDD)

Many women notice changes in mood, such as irritability or low mood, in the days leading up to their period. This is often referred to as premenstrual syndrome (PMS). However, a smaller proportion of women experience a much more severe condition known as premenstrual dysphoric disorder (PMDD).

PMDD affects around 8% of women and can be extremely distressing and disabling (John Hopkins Medicine, 2019).

Symptoms go beyond typical premenstrual changes and may include severe low mood, anxiety, irritability, and feelings of hopelessness (John Hopkins Medicine, 2019). Physical symptoms such as bloating, breast tenderness, and muscle or joint pain may also occur.

These symptoms can significantly interfere with work, relationships, and daily life (John Hopkins Medicine, 2019).

What is Postnatal Depression (PND)?

Postnatal depression is a depressive illness which affects between 10 to 15 in every 100 women having a baby (MIND, 2024).

The symptoms are like those in depression at other times. These include low mood and other symptoms lasting at least two weeks.

Depending on the severity, you may struggle to look after yourself and your baby (MIND, 2024). You may find simple tasks difficult to manage. Sometimes there is an obvious reason for PND, but not always. You may feel distressed, or guilty for feeling like this, as you expected to be happy about having a baby. PND can happen to anyone, and it is not your fault (MIND, 2024).

What Causes Depression in Mothers?

The exact cause of postnatal depression is not fully understood. In women, it does not appear to be caused solely by hormonal changes. Instead, postnatal depression is thought to develop through a combination of emotional, psychological, and social factors that may occur during pregnancy or after birth (Mind, 2024).

Certain experiences and circumstances can increase the risk of developing depression during this period. These include:

- Having experienced **depression** or another mental health condition in the **past**
- Going through a **traumatic or difficult birth**, or experiencing the loss of a baby, including stillbirth
- Living in an **unsafe or violent environment**, such as experiencing domestic abuse
- Being a **refugee or asylum seeker**, which may involve trauma, uncertainty, or limited access to support.
- Having a **history of abuse** during childhood or adulthood

- **Lacking** strong emotional or practical **support** from family, friends, or the wider community

These factors can increase emotional strain at a time when parents are already adjusting to major physical, emotional, and lifestyle changes (Mind, 2024).

If you believe you may be at risk of postnatal depression, it is important to speak to your **GP, midwife, or health visitor** as early as possible. Early support can make a significant difference and help prevent symptoms from becoming more severe (National Childbirth Trust, 2024).

What Does Postnatal Depression Feel Like?

Postnatal depression (PND) can feel different for every woman. You may experience some of the symptoms below, or many of them at once. These feelings can develop gradually or appear quite suddenly (Royal College of Psychiatrists, 2022).

Feeling Low or Tearful

You may feel persistently sad, empty, or overwhelmed. Crying may happen easily, sometimes without a clear reason. Your mood may feel worse at certain times of the day, such as in the morning or evening (Royal College of Psychiatrists, 2022).

Irritability or Anger

You might feel unusually irritable, impatient, or angry. This can sometimes be directed toward your partner, your baby, other children, or even yourself (NICE, 2025).

Extreme Tiredness

All new mother experience tiredness, but depression can bring a deeper sense of exhaustion. You may feel physically and emotionally drained, even after resting (NICE, 2025).

Sleep Problems

Despite feeling exhausted, you may struggle to fall asleep or stay asleep. You might lie awake worrying, even when your baby is sleeping. Some women wake very early and cannot get back to sleep (NICE, 2025).

Changes in Appetite

You may lose interest in food and forget to eat. Others may eat more than usual for comfort, which can then lead to feelings of guilt or frustration about weight changes (Royal College of Psychiatrists, 2022).

Loss of Enjoyment

Activities you once enjoyed may no longer feel pleasurable. You may feel detached or struggle to feel joy, including when spending

time with your baby (Royal College of Psychiatrists, 2022).

Reduced Interest in Sex

It is common for sexual desire to change after having a baby. Physical recovery, tiredness and hormonal shifts can all play a role. Postnatal depression can further reduce interest in intimacy. This may sometimes lead to misunderstandings within relationships (NICE, 2025).

Negative or Guilty Thoughts

Depression can strongly affect how you think about yourself and your situation. You may:

- Have persistent negative thoughts.
- Feel like you are not a good mother.
- Worry that your baby does not love you.
- Feel guilty for having these feelings.
- Blame yourself.
- Lose confidence.
- Feel unable to cope.

These thoughts can feel very real and convincing, but they are symptoms of depression, not reflections of your worth or ability as a parent (Royal College of Psychiatrists, 2022).

When Should You Seek Help?

If you have been feeling low, anxious, or emotionally overwhelmed for two weeks or more, it is important to seek professional support. While friends and family can offer valuable encouragement, depression is a medical condition that benefits from assessment and treatment by a healthcare professional.

You should speak to your GP, midwife, or health visitor if:

- You feel sad, numb, or hopeless most of the time.
- Your symptoms last more than two weeks.
- You are struggling to cope with daily tasks or caring responsibilities.
- You are worried that you may be depressed.

Your GP will ask about your mood, sleep, appetite, energy levels, and any recent stressors. They may also check for physical health conditions, such as thyroid problems, which can sometimes cause similar symptoms.

How Can I Help Myself?

Self-management strategies can support recovery alongside professional care. These include:

- Learn about depression.
- Maintaining regular routines
- Engaging in physical activity
- Practicing mindfulness
- Building social support
- Avoiding alcohol or substance misuse.

Self-management should complement, not replace, clinical treatment.

How Is Depression Treated?

Depression is treatable through evidence-based interventions.

In the UK, treatment for depression is available through the NHS. This may include referral to:

- NHS Talking Therapies (previously known as IAPT)
- Counselling
- cognitive behavioural therapy (CBT)
- or, where appropriate, medication.

More specialist perinatal mental health services are available for women who are pregnant or within the first year after birth.

Seeking help early can improve recovery and reduce the risk of symptoms becoming more severe. If you are experiencing thoughts of self-harm or suicide, seek urgent help by contacting your GP, calling NHS 111, or attending A&E.

Models That Shape Long-Term Depression Care

Depression, particularly when it is recurrent or long-term, is increasingly managed using frameworks designed for chronic health conditions.

The **Chronic Care Model** provides a structured approach to long-term condition management (Wagner et al., 2001). It emphasises informed and engaged patients, proactive multidisciplinary teams, coordinated care systems, and ongoing follow-up. Rather than responding only in times of crisis, the model promotes prevention of relapse and continuity of support.

For women living with long-term depression, this approach highlights the importance of regular review, collaborative planning, and integration between primary care, mental health services, and community support.

While the Chronic Care Model strengthens system coordination, it has been criticised for focusing heavily on organisational processes. It may not fully address the relational, social, and gendered factors that shape women's experiences of depression, such as caregiving pressures, financial stress, or exposure to domestic abuse.

In the UK, the **House of Care model** was developed to apply chronic condition principles within a person-centred framework

(NHS England, 2016). It places collaborative care planning at the centre of support. The model is built on four interconnected components: an informed individual, professionals working in partnership, organisational systems that enable coordination, and commissioning structures that sustain services.

For women experiencing long-term depression, the **House of Care Model** highlights that recovery depends not only on personal resilience, but also on accessible services, trauma-informed practice, and consistent follow-up. If any part of the “house” is weak, for example, if waiting times are long or services are fragmented, the quality of care is affected.

Together, these models suggest that effective depression management requires both structured system support and meaningful patient involvement. Long-term recovery is strengthened when care is coordinated, collaborative, and responsive to women's social contexts.

Questions You Can Ask About Your Care

Being involved in decisions about your care is important. You have the right to understand your options and to work in partnership with professionals.

You might consider asking:

- What treatment options are available for me locally?
- How long is the waiting time for therapy?
- Can we create a written care plan together?
- How will we review my progress?
- What support is available while I am on a waiting list?
- Are there specialist services for perinatal or women's mental health in my area?
- Who can I contact if my symptoms worsen?

If something is unclear, ask for it to be explained again. You deserve information that is understandable and relevant to your situation.

Depression, Policy and What This Means for You

In the UK, depression is increasingly recognised as a long-term health condition rather than a short-term emotional difficulty. National policy emphasises that mental health should be treated with the same importance as physical health.

The NHS Long Term Plan commits to improving access to psychological therapies

and creating more joined-up care through Integrated Care Systems (NHS England, 2019). In principle, this means your care should be:

- Coordinated
- Continuous
- Centred around your needs

Many women still face long waiting times, limited local provision, and differences in services depending on where they live. This gap between policy ambition and lived experience highlights ongoing implementation challenges.

The Womens Health Strategy for England recognises that women's mental health is shaped by factors such as domestic abuse, reproductive changes, and caregiving responsibilities (DHSC, 2022). Delivery relies on local funding and commissioning decisions, meaning access to specialist service including perinatal mental health teams, remains variable.

The House of Care model places you at the centre of support. It promotes collaborative care planning, shared decision-making, and partnership with professionals. For women living with long-term or recurrent depression, this means care should address not only symptoms, but also your goals, relationships, and social context (GOV.UK, 2022).

The House of Care model also makes clear that good care depends on strong systems, trained professionals, coordinated services, and sustainable funding. When services are overstretched or fragmented, the foundations weaken, directly affecting your experience of support.

Local initiatives such as community mental health transformation programmes reflect progress toward more integrated care (NHS England, 2023). While national policies provide a framework for improvement, consistent implementation is essential to ensure that all women receive equitable, person-centred long-term support.

Recommendations for Improving Long-Term Depression Care

Although national strategies recognise depression as a long-term condition, further improvements are needed to ensure consistent, person-centred care for women.

1. Improve Early Access to Support

Reducing waiting times for NHS Talking Therapies and strengthening screening during key life stages, including adolescence, pregnancy, the postnatal period, and menopause, would promote earlier intervention and reduce relapse.

2. Recognise Unequal Impact Across the Female Life Course

Depression does not affect women uniformly. Hormonal transitions, caregiving roles, exposure to violence, and socioeconomic inequality shape vulnerability at various stages of life. Services should adopt a life-course approach that anticipates increased risk during reproductive and transitional periods, ensuring timely, targeted support.

3. Embed Trauma-Informed, Gender-Sensitive Care

Mental health services should recognise the impact of domestic abuse, caregiving pressures, and structural inequality. Workforce training in trauma-informed practice is essential to improve outcomes.

4. Strengthen Implementation of the House of Care Model

Collaborative care planning and shared decision-making should be consistently applied across Integrated Care Systems. Sustainable funding and adequate staffing are necessary to reduce regional inequalities.

5. Promote Self-Management and Continuity

Evidence-based self-help resources, peer support, and relapse prevention planning should complement professional treatment, ensuring ongoing support beyond crisis intervention.

Contacts for Post Natal Depression

Association for Postnatal Illness

www.apni.org Helpline: 020 7386 0868

Offers a confidential telephone helpline, helpful information leaflets, and the opportunity to speak with trained volunteers who have personally experienced postnatal depression.

Depression Alliance

www.depressionalliance.org Tel: 0845 123 23 20

email: information@depressionalliance.org

Provides information and support for people living with depression, as well as guidance for family members who want to help. They offer self-help groups and work to increase understanding of depression.

Family Action www.family-action.org.uk Tel: 020 7254 6251

Offers emotional and practical support for families affected by mental health difficulties. Their 'Newpin' services support parents of children under five whose mental health is affecting day-to-day parenting.

Home Start www.home-start.org.uk Tel: 0800 068 6368

Provides practical and emotional support to families with at least one child under five. They help parents who may be struggling due to postnatal depression, other mental health concerns, isolation, bereavement, or illness.

National Childbirth Trust www.nct.org.uk;

Helplines: Pregnancy and Birth Line: 0300 330 0772; Breastfeeding: 0300 330 0771; Postnatal: 0300 330 00773.

Offers reliable information and support on pregnancy, birth, and early parenthood. You can access telephone helplines and connect with local groups.

Netmums www.netmums.com. An online community offering advice, information, and peer support on pregnancy and parenting. Includes a dedicated support section and details of local services and groups.

Relate www.relate.org.uk; Tel: 0300 100 1234. Provides counselling and relationship support for individuals, couples, and families.

Useful websites:

www.bemindful.co.uk information about mindfulness

www.mentalhealth.org.uk for wellbeing podcasts downloadable to mp3 players or to burn onto a CD.

www.soundshealthy.nhs.uk for relaxation downloads

www.mind.org.uk/foodandmood for information on food and its impact on mood

www.bbc.co.uk/health/healthy_minds_website
useful information on all aspects of mental health.

Related Resources

Samaritans: Call 116 123 anytime, 24/7, for free, confidential, non-judgmental support.

Shout: Text "SHOUT" to 85258 for 24/7, free, confidential text support.

NHS 111: Call 111 and select option 2 for a dedicated, 24/7 urgent mental health helpline.

Mind Infoline: Call 0300 102 1234 (Monday-Friday, 9am-6pm) for information, support, and help finding local services.

CALM (Campaign Against Living Miserably): Call 0800 58 58 58 (5pm-midnight) for support via phone or webchat.

Association for Post-Natal Illness (APNI): Provides support to anyone suffering from postnatal illness. Call: 020 7386 0868 (Mon-Fri, 10am-2pm).



The onus to achieve positive mental wellbeing should not be put on women and other minoritised and low-income groups but instead must be addressed by good quality, accessible mental health support, and by tackling the underlying inequalities which can lead to the mental health gap.

(Engender, n.d.)

Although depression can feel overwhelming, it is important to remember that recovery is possible.

With the right support, appropriate treatment, and compassionate understanding from those around them, many women learn to manage their symptoms and rebuild fulfilling, meaningful lives.

Seeking help is a sign of strength, and no one has to face depression alone. Hope, support, and effective care are available.



Scan for the QR code for more information and links:

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Amharic

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Arabic

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Bengali

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Cantonese (traditional Chinese)

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Czech

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Farsi

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French

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Kurdish Sorani

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Punjabi

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Somali

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