

Module Name: Introduction to Public Health

Module Code: LCHS4008

Assignment Title: Report on Depression

Lecturer: Aishat Bakre

Student Name: Denise McCulloch

Student Number: 2519544

Introduction

Depression is a common mental health disorder characterised by persistent feelings of sadness, hopelessness and loss of interest in activities that were previously enjoyable. Unlike temporary emotional distress, depression can substantially impair an individual's ability to manage everyday responsibilities and activities, influencing relationships, employment, education and physical health. Common symptoms include persistent low mood, fatigue, sleep disturbance, poor concentration, feelings of inadequacy and decreased motivation (NHS, 2023; World Health Organization (WHO), 2025). The onset of depression is influenced by biological, psychological and social factors, including genetics, trauma, chronic illness, social isolation and socioeconomic disadvantage (Kirkbride et al., 2024; Naidoo and Wills, 2023). Globally, an estimated 280 million people are living with depression, making it one of the leading contributors to disability worldwide (WHO, 2025). In Great Britain, around 16% of adults reported experiencing moderate to severe depressive symptoms in 2022 (Office for National Statistics (ONS), 2022; NHS, 2023). Given its high prevalence and significant impact on health and wellbeing, depression is recognised as a major public health concern.

Approaches Used to Measure and Monitor Depression

The accurate measurement and monitoring of depression are essential for identifying individuals who require support and for informing public health policy. Healthcare professionals commonly use standardised assessment tools such as the Patient Health Questionnaire-9 (PHQ-9), which measures the severity of depressive symptoms and helps monitor changes over time. NICE (2022) recommends that assessment should consider not only symptom severity but also duration, previous episodes, physical health conditions and social circumstances. While the PHQ-9 provides a structured and cost-effective method of assessment, it relies on self-reported information and may therefore be influenced by stigma, literacy levels or cultural differences (NICE, 2022; Herrman et al., 2022).

Depression is also monitored through national datasets and public health surveillance systems. The NHS Talking Therapies Data Set records referrals, treatment outcomes, waiting times and recovery rates, providing valuable quantitative data regarding service demand and effectiveness (NHS England, 2025a; NHS England, 2025b). Similarly, the Office for National Statistics conducts population surveys that estimate the prevalence of depressive symptoms across different demographic groups (ONS, 2021; ONS, 2022). These sources support evidence-based decision making, although recorded increases may

reflect improved detection and service access rather than a true rise in depression prevalence.

However, measuring the true incidence of depression remains challenging. Many individuals experiencing symptoms do not seek professional support, meaning they are not represented within healthcare records. Furthermore, referral rates may reflect increased awareness and service accessibility rather than a genuine increase in new cases. Consequently, prevalence estimates may provide a more accurate indication of population burden than incidence data alone. (WHO, 2025; Santomauro et al., 2021). Qualitative approaches, including interviews and patient experience surveys, are therefore valuable because they provide insight into barriers to treatment, stigma and the lived experiences of individuals with depression. Combining quantitative and qualitative evidence allows for a more comprehensive understanding of the condition and supports the development of person-centred mental health services (Kirkbride et al., 2024; Naidoo and Wills, 2023).

Prevention and Control of Depression

The prevention and control of depression require a combination of public health initiatives, early intervention strategies and effective treatment services. Prevention can be categorised into primary, secondary and tertiary approaches. Primary prevention aims to reduce risk factors before depression develops. Public health campaigns promoting mental wellbeing, reduce stigma and encourage social connectedness can help improve mental health outcomes. Additionally, addressing wider determinants of health, including poverty, unemployment, poor housing and social exclusion, may reduce the likelihood of depression occurring in vulnerable populations (Naidoo and Wills, 2023; Kirkbride et al., 2024). However, evaluating effectiveness remains challenging because changes in mental wellbeing outcomes are influenced by multiple social and environmental factors.

Secondary prevention focuses on early identification and intervention. General practitioners (GPs), community healthcare professionals and NHS Talking Therapies play an important role in recognising symptoms and providing timely support. Early diagnosis can prevent symptoms from deterioration and reduce the risk of long-term impairment (NICE, 2022; NHS England, 2025b). Cognitive Behavioural Therapy (CBT) is widely recommended because research demonstrates its effectiveness in reducing depressive symptoms and preventing relapse. Cuijpers et al. (2023) found that CBT consistently improves outcomes across diverse patient groups. Nevertheless, long waiting times and workforce shortages can delay access to treatment, limiting the effectiveness of early intervention strategies.

Tertiary prevention aims to minimise the long-term consequences of depression and prevent recurrence. This may involve ongoing psychological therapy, medication management, community mental health support and regular monitoring. Antidepressant medication can be effective for some individuals, particularly those experiencing moderate to severe depression, but treatment responses vary and side effects may affect adherence (NICE, 2022; Cuijpers et al., 2023). Therefore, successful control of depression requires a holistic, person-centred approach that combines medical treatment with social support. Evaluating outcomes solely through symptom reduction may overlook broader indicators of recovery, such as improved quality of life, social participation and employment.

Consequences for Individuals, Communities and the NHS

Depression can have profound consequences for individuals, affecting both mental and physical wellbeing. Individuals may experience reduced self-esteem, difficulties maintaining relationships, impaired concentration and decreased ability to perform daily activities. Severe or persistent depression can also increase the risk of self-harm and negatively affect educational achievement and employment opportunities (WHO, 2025; NHS, 2023). Furthermore, depression often coexists with chronic physical conditions, creating additional challenges for both patients and healthcare providers. This highlights the need for integrated care that addresses both physical and mental health needs.

The impact of depression extends beyond the individual and affects families and communities. Family members frequently provide emotional and practical support, which can increase stress and caregiver burden. Communities may experience reduced productivity, increased absenteeism and greater demand for social support services. Research indicates that socioeconomic inequalities contribute significantly to mental health disparities, with higher rates of depressive symptoms observed among individuals experiencing financial hardship and social deprivation (ONS, 2022; Kirkbride et al., 2024). These findings demonstrate that depression is shaped by a wider social determinant, highlighting the need for population level as well as individual interventions.

Depression also places considerable pressure on the NHS. Increased demand for GP appointments, mental health assessments, psychological therapies and crisis services can strain already stretched healthcare resources. NHS Talking Therapies data demonstrate a substantial rise in referrals and service utilisation in recent years (NHS England, 2025a; NHS England, 2025b). However, higher referral numbers may reflect both increasing mental health needs and improved awareness of available services. While expanded access to treatment is positive, workforce shortages and waiting lists continue to present challenges.

Consequently, healthcare planning must focus not only on increasing service capacity but also on ensuring equitable access and long-term recovery outcomes. Effective management of depression is therefore essential for improving population health and reducing pressure on health and social care systems.

Health and Social Care Support Services

Health and social care services play a crucial role in supporting individuals living with depression and promoting recovery. Primary care services are often the first point of contact, with General Practitioners (GPs) responsible for assessing symptoms, identifying risk factors and referring individuals to appropriate services. GPs can provide initial support, prescribe antidepressant medication where appropriate and refer patients to NHS Talking Therapies or specialist mental health services (NHS, 2023; NICE, 2022). This early intervention is important because prompt access to support can reduce symptom severity and improve long-term outcomes. However, increasing demand for mental health services has resulted in workforce pressures and waiting times, which may delay treatment for some individuals.

NHS Talking Therapies provide evidence-based psychological interventions, including Cognitive Behavioural Therapy (CBT), counselling and guided self-help programmes. These services are designed to support individuals experiencing common mental health conditions such as depression and anxiety. Research demonstrates that psychological therapies can significantly improve recovery outcomes, particularly when treatment is tailored to individual needs (Cuijpers et al., 2023; NHS England, 2025b). Despite these benefits, long waiting lists and unequal access to services continue to limit the effectiveness of mental health support for some groups. This suggests that expanding service capacity alone is insufficient without addressing wider barriers to healthcare access.

Specialist and community-based services also contribute significantly to depression management. Community Mental Health Teams provide multidisciplinary support involving psychiatrists, nurses, psychologists, occupational therapists and social workers. This collaborative approach enables individuals to receive holistic care that addresses psychological, social and practical needs (NICE, 2022; Herrman et al., 2022). In addition, voluntary organisations such as Mind and Rethink Mental Illness offer peer support, advocacy, information and community-based programmes that can reduce isolation and improve wellbeing (Mind, 2025; Rethink Mental Illness, 2025). Effective support therefore requires integrated working across health, social care and voluntary sectors, although services provision remains inconsistent across some areas. A person-centred approach that

considers individual circumstances, preferences and social determinants is essential for achieving sustainable recovery and reducing health inequalities.

Conclusion

Depression remains a major public health issue that affects millions of people worldwide and has substantial consequences for individuals, communities and healthcare systems. The condition is shaped by biological, psychological and social factors, highlighting the importance of adopting a holistic approach to prevention and treatment. Effective measurement and monitoring rely on a combination of quantitative data, clinical assessment and qualitative evidence to provide a comprehensive understanding of needs. Prevention and control strategies, including early intervention, psychological therapies and community support, can improve outcomes; however, inequalities, workforce shortages and barriers to access continue to present challenges. Depression also places considerable pressure on the NHS through increased demand for primary care, psychological therapies and specialist services. Consequently, continued investment in integrated health and social care services is crucial. Addressing broader social determinants alongside evidence-based treatment approaches will be crucial for reducing the prevalence of depression and improving long-term population wellbeing.

Reference List

Cuijpers, P., Miguel, C., Harrer, M., Plessen, C.Y., Ciharova, M., Ebert, D.D. and Karyotaki, E. (2023) 'Cognitive behaviour therapy versus control conditions, other psychotherapies, pharmacotherapies and combined treatment for depression: a comprehensive meta-analysis including 409 trials with 52,702 patients', *World Psychiatry*, 22(1), pp. 105–115. Available at: <https://doi.org/10.1002/wps.21069> (Accessed: 19 July 2026).

Herrman, H., Patel, V., Kieling, C., Berk, M., Buchweitz, C., Cuijpers, P., Furukawa, T.A., Kessler, R.C., Kohrt, B.A., Maj, M., McDaid, D., Mrazek, D.A., Omigbodun, O., Prince, M., Rahman, A., Saxena, S., Scott, K.M., Shidhaye, R., Sunkel, C. and Unützer, J. (2022) 'Time for united action on depression: a Lancet–World Psychiatric Association Commission', *The Lancet*, 399(10328), pp. 957–1022. Available at: [https://doi.org/10.1016/S0140-6736\(21\)02141-3](https://doi.org/10.1016/S0140-6736(21)02141-3) (Accessed: 19 July 2026).

Kirkbride, J.B., Fryers, T., Adiseshiah, M., Jenkins, R., et al. (2024) 'The social determinants of mental health and disorder: evidence, prevention and recommendations', *World Psychiatry*, 23(1), pp. 58–90. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC10786006/> (Accessed: 19 July 2026).

Mind (2025) *Depression*. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/> (Accessed: 19 July 2026).

Naidoo, J. and Wills, J. (2023) *Foundations for Health Promotion*. 6th edn. London: Elsevier.

National Institute for Health and Care Excellence (2022) *Depression in adults: treatment and management* (NG222). Available at: <https://www.nice.org.uk/guidance/ng222> (Accessed: 19 July 2026).

NHS (2023) *Depression in adults*. Available at: <https://www.nhs.uk/mental-health/conditions/depression-in-adults/> (Accessed: 19 July 2026).

NHS England (2025a) *NHS Talking Therapies Data Set Reports*. Available at: <https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set> (Accessed: 19 July 2026).

NHS England (2025b) *NHS Talking Therapies for Anxiety and Depression: Annual Report 2024–25*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs->

[talking-therapies-for-anxiety-and-depression-annual-reports/2024-25](#) (Accessed: 19 July 2026).

Office for National Statistics (2021) *Coronavirus and depression in adults, Great Britain: January to March 2021*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/januarytomarch2021> (Accessed: 19 July 2026).

Office for National Statistics (2022) *Cost of living and depression in adults, Great Britain: 29 September to 23 October 2022*. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mentalhealth/articles/costoflivinganddepressioninadultsgreatbritain/29septemberto23october2022> (Accessed: 19 July 2026).

Rethink Mental Illness (2025) *Depression*. Available at: <https://www.rethink.org/advice-and-information/about-mental-illness/mental-health-conditions/depression/> (Accessed: 19 July 2026).

Santomauro, D.F., Mantilla Herrera, A.M., Shadid, J., Zheng, P., Ashbaugh, C., Pigott, D.M., Abbafati, C., Adolph, C., Amlag, J.O. and Aravkin, A.Y. et al. (2021) 'Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic', *The Lancet*, 398(10312), pp. 1700–1712. Available at: [https://doi.org/10.1016/S0140-6736\(21\)02143-7](https://doi.org/10.1016/S0140-6736(21)02143-7) (Accessed: 19 July 2026).

World Health Organization (2025) *Depressive disorder (depression)*. Available at: <https://www.who.int/news-room/fact-sheets/detail/depression> (Accessed: 19 July 2026).