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The Burden of Depression

Introduction

Depression is a significant public health challenge that extends beyond individual suffering to impose substantial burdens on communities and healthcare systems worldwide, as a leading cause of disability globally, depression affects over 280 million people, with the World Health Organization identifying it as the single largest contributor to the global burden of disease. The condition is characterised by persistent low mood, loss of interest, and impaired daily functioning, affecting individuals across all demographics though disproportionately impacting women and young people. In the United Kingdom, the scale of the problem is alarming, with one in six adults experiencing depression. This report examines the epidemiology, monitoring approaches, consequences, and control strategies for depression, highlighting the implications for individuals, communities, and the National Health Service.

Definition of Depression

Depression, also known as major depressive disorder (MDD), is a mental health condition characterised by the absence of positive affect, low moods, and a lot of associated emotional, cognitive, physical, and behavioural symptoms. The condition exists alongside with continuum of severity, traditionally categorised as subthreshold, mild, moderate, or severe, though clinical guidance now often distinguishes between "less severe" and "more severe" depression based on validated assessment tools such as the Patient Health Questionnaire-9 (PHQ-9), with scores of 16 or above indicating more severe depression.

Signs, Symptoms, and Risk Factors

The core symptoms of depression are sadness, loss of interest or pleasure in activities, fatigue, changes in appetite and sleep patterns as well as feelings of worthlessness, and difficulty concentrating. In severe cases, individuals may experience suicidal ideation, necessitating urgent intervention. Risk factors for depression are

multifactorial and include biological predisposition, socioeconomic deprivation, unemployment, chronic physical health conditions, and traumatic life events such as bereavement or redundancy. Notably, individuals with long-term conditions experience a two- to threefold increase in the prevalence of depression, and the combination of depression with physical multimorbidity is associated with 45% higher healthcare costs.

Incidence and Demographics

Recorded incidence of common mental disorders in UK primary care increased substantially between 2000 and 2019, rising from 55.9 per 1,000 person-years to 79.6 per 1,000 person-years. This has been particularly striking among young people aged 16 to 24 years old, with incidence rates increasing from 40.2 per 1,000 in 2000 to 107.8 per 1,000 in 2019. Current statistics indicate that one in six adults in England experienced depression in 2023 but 27% of young people aged 16–24 struggling with depressive symptoms. Women consistently demonstrate higher recorded incidence rates than men, and individuals living in more deprived areas face elevated risks. Globally, depression accounts for approximately 4.3% of the global disease burden, contributing to 63 million disability-adjusted life-years annually. Most women suffer with depression mostly due to household circumstances, postpartum, and during toxic relationships.

Approaches to Measuring and Monitoring Depression

The United Kingdom employs a comprehensive surveillance system to monitor depression across the population. That means a primary of measurement include the NHS Talking Therapies programme (formerly IAPT), which collects routine outcome data using standardised measures such as the PHQ-9 for depression and the GAD-7 for anxiety. These measures are administered on a session-by-session basis, allowing for real-time monitoring of patient progress and treatment effectiveness. The programme monitors key performance indicators including recovery rates (target of 50%), improvement rates (target of 68%), and waiting times (75% of patients seen within six weeks).

Additional data sources include the Quality and Outcomes Framework (QOF), which extracts recorded depression diagnoses from general practice, and the Adult Psychiatric Morbidity Survey (APMS), which conducts population-level assessments. The Clinical Practice Research Datalink (CPRD), a primary care database, provides valuable longitudinal data for epidemiological research. However, each approach has limitations; recorded diagnoses may underestimate true prevalence, while screening tools may overestimate rates depending on thresholds used.

Medication for Depression

Depression is also controlled by medicine and feelings known as antidepressants, therapy. Such as;

In the UK, the use of medication, specifically antidepressants, is a significant part of mental health care but it is guided by a stepped-care model. Meaning that the type of treatment offered depends on the severity of a person's depression.

NICE Guidelines and First-Line Treatment: According to the National Institute for Health and Care Excellence (NICE), antidepressants are not recommended as a routine or first-line treatment for less severe depression. The preference is always for non-drug interventions first, such as guided self-therapy, 1 – 1 therapy or group therapy.

When Antidepressants Are Used: Medication may be offered in the following situations:

- For moderate to severe depression, often in combination with talking therapies.
- If a person has a history of moderate or severe depression.
- If subthreshold or mild depression persists after other interventions have been tried.
- If it is the patient's informed preference after a full discussion of the benefits and risks.

Prescribing Statistics: The use of antidepressants is widespread. In England alone, between July and September 2025, 24 million antidepressant items were prescribed to an estimated 7.1 million patients. The number of both prescriptions and patients continues to show an upward trend.

Therapy for Depression (Talking Therapies)

Talking therapies, particularly those delivered through the NHS Talking Therapies programme (formerly IAPT), are a cornerstone of depression treatment in the UK.

The approach is structured around a stepped-care model, where patients are offered the least intrusive, but effective, intervention first:

- **Low-Intensity Interventions (Step 2):** These are often the first step for persistent subthreshold depressive symptoms or mild to moderate depression. They can include:
 - Guided self-help based on cognitive behavioural therapy (CBT) principles.
 - Computerised CBT (CCBT).
 - Structured group physical activity programmes.
- **High-Intensity Interventions (Step 3):** If low-intensity therapy is not effective or for more severe depression, patients may step up to high-intensity therapies delivered by specialist clinicians. A 2024 systematic review found that for more severe depression, individual CBT combined with antidepressants was highly effective.

- Common high-intensity therapies include:
- Cognitive Behavioural Therapy (CBT)
- Counselling for depression
- Interpersonal Psychotherapy (IPT)
- Couple Therapy for depression (if relationship issues are a contributing factor)
- Mindfulness-based cognitive therapy (MBCT) (also helpful for preventing relapse)

The NHS Talking Therapies programme routinely monitors patient progress. It aims for a 50% recovery rate for all individuals who complete a course of treatment.

Consequences for Individuals and the NHS

The consequences of depression extend far beyond the individual to impose substantial burdens on healthcare systems and society. Individuals with depression often require multidisciplinary support, including primary care consultations, psychological therapies, and, in severe cases, psychiatric hospitalisation. A population-based cohort study of 110,406 patients with MDD in northwest London found that patients with treatment-resistant depression (TRD) had significantly higher healthcare utilisation across all settings, including primary care visits (mean 162 visits per patient compared to 108 for non-TRD patients), emergency department attendances (mean 5.5 visits versus 3.5), and longer hospitalisations. Total healthcare costs were approximately 1.5 times greater for TRD patients compared to those with non-resistant depression.

The demand for mental health services has grown substantially, with an average of 453,930 new referrals to secondary mental health services per month in 2024/25, representing a 15% increase from 2022/23. However, access to care remains problematic; a third of patient's report waiting three months or more between assessment and first treatment appointment, and 71% of those waiting over six months report that their mental health worsened during the waiting period. The annual economic cost of depression in the UK exceeds £8 billion, with the majority attributed to lost productivity rather than healthcare costs. Additionally, the broader societal cost of mental health problems is estimated at approximately 5% of UK GDP, equivalent to over £100 billion per year.

Control and Management of Depression

The management of depression follows a stepped-care approach aligned with NICE guidelines, which recommend interventions matched to illness severity. For less severe depression, low-intensity interventions include guided self-help, behavioural

activation, and group cognitive-behavioural therapy. For more severe depression, high-intensity psychological therapies, antidepressant medication, or combined approaches are recommended. The Depression Pathway, implemented across health, social care, and voluntary organisations in parts of the UK, provides a standardised, evidence-based approach to identification, treatment, and prevention, ensuring interventions match the severity of depression.

Prevention strategies focus on early recognition and intervention for subthreshold depression, which affects up to 20% of individuals with long-term conditions. Community-based approaches, including social prescribing and the use of community pharmacies for mental health support, offer innovative opportunities to reach underserved populations. The NHS 10-Year Health Plan prioritises mental health transformation, including the development of neighbourhood mental health hubs and investment in mental health emergency departments, aiming to shift care from hospital-centred services to preventative, community-based support.

Health and Social Care Support Services

The management of depression requires an integrated network of health and social care services. Primary care serves as the first point of contact, with GPs responsible for identification, initial assessment, and prescribing. NHS Talking Therapies services provide evidence-based psychological interventions, with the programme aiming to support 950,000 adults annually by 2028/29. Secondary mental health services provide specialist care for individuals with complex needs, including those with treatment-resistant depression or significant suicide risk. Community mental health teams offer coordinated support for individuals with severe illness, while social care and voluntary sector organisations provide practical support addressing social determinants such as housing, employment, and social isolation. However, significant challenges remain, including workforce shortages, inconsistent commissioning leading to geographical variation in care quality, and difficulties with integrated working between services.

Conclusion

Depression represents a major public health challenge with profound implications for individuals, communities, and healthcare systems. The rising incidence, particularly among young people and those in deprived circumstances, underscores the urgent need for effective prevention and intervention strategies. While the UK has established robust monitoring systems through NHS Talking Therapies and primary care surveillance, significant gaps remain in access to timely care, with lengthy waiting times and workforce shortages compromising service delivery. The substantial economic burden, estimated at over £100 billion annually, highlights the imperative for investment in mental health services and early intervention. A comprehensive, integrated approach encompassing primary care, specialist mental health services,

and community-based support is essential to address the multifaceted consequences of depression and improve outcomes for affected individuals and society.

References

- NHS Talking Therapies Manual: Comprehensive guide to the programme's model, therapies, and principles. <https://www.england.nhs.uk/rightcare/wp-content/uploads/2018/06/NHS-talking-therapies-manual-v7-1.pdf#20#1>
- NHS Talking Therapies Workforce Information: Details on the types of therapists and therapies available. <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/workforce/>
- Antidepressant Prescribing Statistics (NHSBSA): Official data on the number and cost of antidepressant prescriptions in England. https://nhsbsa-opendata.s3.eu-west-2.amazonaws.com/mumh/mumh_quarterly_sep25_0403.html
- NICE Guidance on Depression (Summary): Overview of the treatment and management recommendations for healthcare professionals. <https://gpnotebook.com/en-GB/pages/psychiatry/nice-guidance-management-of-depression-in-primary-and-secondary-care>
- **Hertfordshire and West Essex Depression Pathway:** An example of a local clinical pathway showing the treatment steps. <https://www.hweclinicalguidance.nhs.uk/all-clinical-areas-documents/mental-health/depression/>
- Sisters Hospitallers CIO. World Day Against Depression 2025. Available from: <https://www.sistershospitallers.org/world-day-against-depression-2025/>
- Dykshoorn J, Osborn D, Walters K, Kirkbride JB, Gnani S, Lazzarino AI. Temporal patterns in the recorded annual incidence of common mental disorders over two decades in the United Kingdom: a primary care cohort study. *Psychological Medicine*. 2024;54:663-674.
- Pappa S, Shah M, Young S, Anwar T. Health-care utilisation and associated economic burden in major depressive disorder and treatment-resistant depression in a longitudinal population-based cohort study of 110,000 patients. *Journal of Psychiatric Research*. 2024;180:511-518.
- HWE Training Hub. Depression Pathway – What you need to know. Available from: <https://www.hwetraininghub.org.uk/health-and-wellbeing/national-primary-care-support-and-resources/depression-pathway-what-you-need-to-know>
- Royal College of Psychiatrists. 10 Year Health Plan for the NHS in England. Available from: <https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/long-term-plan-for-the-nhs-in-england>

- Young A, Sanches M, Soares JC, Juruena M. The Socioeconomic Costs of Mood Disorders. In: Clinical Textbook of Mood Disorders. Cambridge University Press; 2024.
- NHS England. NHS Talking Therapies service standards. Available from: <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/service-standards/>
- National Institute for Health and Care Excellence. Depression in adults: treatment and management. NICE Guideline No. 222. London: NICE; 2022.
- Care Quality Commission. The state of health care and adult social care in England 2024/25. London: CQC; 2025.
- University of Warwick. Mental Health & Wellbeing. Available from: <https://warwick.ac.uk/fac/sci/med/research/itm/mental-health-mission/>
- Cambridgeshire Insight. Mental Health Needs Assessment: Depression. Available from: <https://cambridgeshireinsight.org.uk/>
- Littlewood E, Chew-Graham CA, Coleman E, et al. A psychological intervention by community pharmacies to prevent depression in adults with subthreshold depression and long-term conditions: the CHEMIST pilot RCT. Public Health Research. 2022;10(5).