

LONG TERM CONDITION: Depression

Module: Community Care & Management of
Longer-term Conditions

Module Code: LCHS7003

Assignment Title: Component 1 Information
Booklet of Long Term Condition Management

Lecturer: Muhammed Khan

NAME: BISMA AMIN

STUDENT NO: 2435002



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David



INTRODUCTION

LTCs are medical conditions that typically require long-term care and management for the majority of a person's life. They frequently have complicated symptom profiles, sporadic medical visits, and serious biopsychosocial repercussions. Health system organization has historically been dominated by single-disease-based healthcare systems, both in the UK and around the world. However, the limitations of this approach have been made clear by the increasing prevalence of multimorbidity, chronic illness, and concurrent physical and mental health issues. Depression is one example of a mental health LTC that offers significant opportunities to think about integrated, person-centered, and multidisciplinary models of care.

The recognition of depression as a chronic, recurrent, and debilitating mental illness is growing. Research suggests that rather than being an episodic disorder, depression for many people has a long-term fluctuating course characterized by frequent relapses, lingering symptoms, and recurrence risks (Malhi & Mann, 2018). Social interaction, physical health, and overall quality of life are all significantly impacted. Furthermore, depression disproportionately affects marginalized communities, people with long-term physical illnesses, and those who live in poverty. It also contributes to disparities in health outcomes (Marmot, 2020).

The NHS Long Term Plan 2019, which places a high priority on mental health transformation and integration across services, demonstrates the significance of depression as an LTC. According to the Centre for Mental Health (2021), depression has profound effects on individuals, families, caregivers, workplaces, and the general well-being of communities. The clinical definition, prevalence, aetiology, risk factors, and complex effects on individuals and their families are all covered in this booklet's critical analysis of depression as a chronic illness in the UK. It looks at evidence-based treatment options offered by the NHS, such as multidisciplinary approaches, pharmaceutical treatments, and psychological therapies. This pamphlet goes into further detail about the national and international theoretical frameworks that guide the best practices for treating depression. Examined are the political agendas and policy frameworks in the UK that influence mental health services, with an emphasis on how they affect patient experience, equity, and service delivery. Lastly, it provides suggestions for collaborative practice, self management, and person centered care. Health and social care workers who work with individuals who have long-term conditions (LTCs) and who want to improve their evidence based practice should use this resource.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC6297343/>



DEFINITION



According to the American Psychiatric Association (2013), depression is a mood disorder characterized by a persistent low mood, diminished interest or pleasure in activities, and accompanying somatic, emotional, and cognitive symptoms that last for at least two weeks. The DSM-5 makes a distinction between chronic presentations like dysthymia (persistent depressive disorder) and mild, moderate, and severe depressive episodes. Depression is similarly defined by the ICD-11 (WHO, 2023) as a persistent disruption in mood and affect that significantly impairs social, professional, academic, or personal functioning.

Crucially, depression can manifest in a number of subtypes, such as:

- MDD, or major depressive disorder
- Dysthymia, or persistent depression
- Affective disorders that are seasonal
- Depression during pregnancy
- Depression with psychotic characteristics
- symptoms of depression brought on by physical LTCs

These varied presentations highlight the necessity of customized intervention pathways and nuanced assessment. The classification of depression as a chronic illness rather than an isolated acute illness is further supported by modern conceptualizations that present depression as a systemic condition that triggers intricate neurobiological, cognitive, and social mechanisms (Malhi & Mann, 2018).

Prevalence and Global Burden

An estimated 280 million people of all ages worldwide suffer from depression, one of the most common mental health disorders. More YLDs are caused by it than by any other illness, making it the primary cause of disability. Over the past ten years, prevalence rates in the UK have risen steadily. According to the Office for National Statistics, approximately in 2023:

- Adults with moderate-to-severe depression symptoms make up 16%.
- 26% of young adults between the ages of 16 and 29 fit the diagnostic criteria.
- Compared to men, women are twice as likely to report having depressive symptoms.
- Depression is two to three times more common in people with LTCs.

Long-lasting changes in population mental health were brought about by the COVID-19 pandemic. According to research by Pierce et al. (2021), long-term uncertainty and socioeconomic stressors like chronic illness and bereavement contribute to the higher rates of depression that persist years after the outbreak.

This has consequences for service demand, according to NHS Digital (2022):

In 2022, the number of mental health referrals hit a record high.

Psychological therapy waiting lists grew significantly.

In the past ten years, the number of young people referred to mental health services has doubled.

These numbers demonstrate the growing significance of depression in determining public health priorities in the United Kingdom.

GLOBAL: https://www.who.int/health-topics/depression#tab=tab_2

UK: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions>

Economic Burden

In the UK, depression is regarded as one of the most costly medical conditions. The UK spends about £117.9 billion annually on mental illness, according to the Centre for Mental Health (2021). Depression makes a significant contribution by:

Direct expenses:

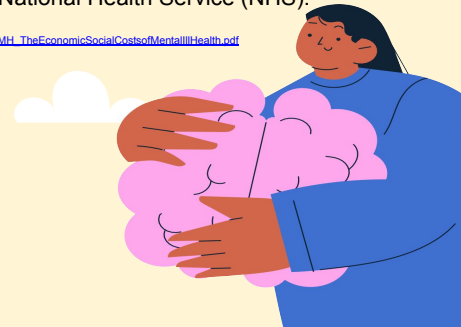
- GP visits
- Prescriptions for antidepressants
- Psychotherapy
- Inpatient mental health treatment
- Use of emergency care

Indirect expenses:

- Absenteeism-related productivity loss
- Decreased productivity or presenteeism
- Prolonged unemployment
- Claims for disabilities
- Unofficial family care

According to the OECD (2021), employees who suffer from depression are much more likely to leave the workforce early and find it difficult to go back to work. Untreated depression exacerbates physical ailments, increasing hospital admissions and straining the National Health Service (NHS).

https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/03/CentreforMH_TheEconomicSocialCostsofMentalHealth.pdf



Risk Factor / Aetiology

The interaction of biological, psychological, and social factors leads to depression. Understanding this multifactorial aetiology is necessary for a person-centered approach to assessment and focused intervention.

Biological Factors

Genetic contribution: Heritability estimates from family studies range from 30 to 40 percent (Sullivan et al., 2020).

Depression susceptibility may be conferred by certain gene polymorphisms, such as 5-HTTLPR.

Neurochemical dysregulation: Serotonin, dopamine, and noradrenaline imbalances impact motivation, mood, and thought processes.

Neuroinflammation: High levels of inflammatory cytokines, such as IL-6 and CRP, have been associated with depression, indicating pathophysiology overlap with autoimmune and metabolic disorders.

Comorbid physical LTCs: Individuals with diabetes, COPD, cancer, chronic pain and cardiovascular disease are twice as likely to experience depression.

Depression is more likely to occur when physical LTCs are poorly managed, and vice versa.

Psychological Factors

Cognitive distortions include self-blame and negative automatic thoughts.

- Unhealthy coping strategies
- Abuse, neglect, and trauma
- Low resilience and trouble controlling emotions
- Low self-esteem and despair

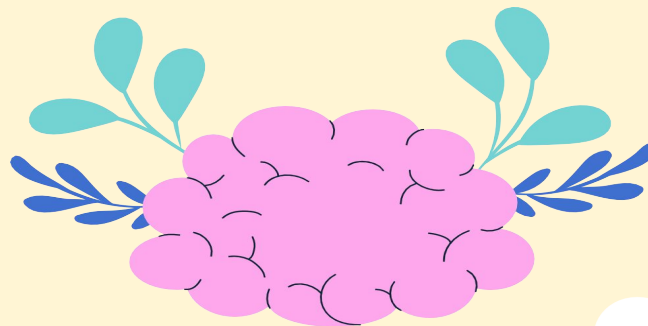
ACEs increase the lifetime risk of depression by as much as threefold.

Social Determinants

- Debt and poverty
- Precarious work and unemployment
- Overcrowding and subpar housing
- Loneliness and Social Isolation
- Racism and discrimination
- Insufficient access to healthcare

The Marmot Review (2020) found a strong correlation between the rise in depression prevalence and deprivation and inequality.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8699555/>



Impact of Depression on Individuals & Families



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Physical Impact

Although depression is primarily categorized as a mental health disorder, it has important physical aspects. Fatigue, headaches, gastrointestinal distress, muscle aches, and sleep disturbances are among the somatic symptoms that people frequently report (NICE 2022). These may be misdiagnosed and/or downplayed as solely medical issues, delaying diagnosis and treatment.

Fatigue and Sleep Disturbance

One of the most common physical symptoms of depression is sleep disturbance—insomnia, hypersomnia, or fragmented sleep. Prolonged sleep disturbance results in weakened immunity, increased susceptibility to disease, and decreased daytime functioning (Felger, 2018). Reduced motivation and poor participation in everyday activities are further consequences of fatigue.

Metabolic and Cardiovascular Effects

There is no doubt that depression raises the risk of CVD. According to meta-analyses, people with depression have a 30–50% increased risk of heart disease and worse cardiac outcomes (Naylor et al., 2016). Obesity, insulin resistance, and hypertension are all influenced by dysregulation of the hypothalamic-pituitary-adrenal axis and chronic stress.

Interaction with Long-Term Physical Conditions

For physical long-term conditions like diabetes, COPD, chronic kidney disease, and chronic pain conditions, depression worsens the prognosis and treatment compliance. For example, those who have both diabetes and depression exhibit worse glycaemic control and more complications, which raises hospital stays and medical expenses (Naylor et al., 2016). The necessity of integrated mental and physical healthcare models is strengthened by this reciprocal relationship.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4818200/>
<https://pmc.ncbi.nlm.nih.gov/articles/PMC669182/>

Psychological and Cognitive Impact

Depression has a significant impact on mental health. Persistent melancholy, emptiness, guilt, hopelessness, and a lack of interest are among the main symptoms; these are frequently accompanied by fear, irritability, or emotional numbness. Self-worth, interpersonal functioning, and quality of life are all compromised by these feelings.

Cognitive Deficits

Despite being underdiagnosed, cognitive symptoms seriously hinder functioning. Among them are:

- Diminished focus and focus
- Short-term memory impairment
- Difficulties with information processing
- Psychomotor retardation, or slowed thinking

According to research by Rock et al. (2014), cognitive deficits can continue even after mood symptoms get better, which can cause functional impairment in social relationships, the workplace, and academic settings.

Suicidality and Safeguarding

Suicidal thoughts or actions are among the most serious psychological repercussions. Strict safeguards are necessary because depression is thought to be one of the main risk factors for suicides. Over 700,000 people worldwide lose their lives to suicide each year, and the majority of these deaths are related to depression, according to the World Health Organization (2023). When people suffer from severe hopelessness, psychosis, or substance abuse, it is critical that health professionals evaluate the risks and intervene promptly.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC12018043/>

Social Impact

Depression has the power to undermine social well-being. People frequently avoid social situations because they are uninterested, have low energy, or are afraid of being stigmatized. Social networks get smaller over time, which leads to loneliness, isolation, and less access to help.

Education and Employment

One of the main causes of lower productivity and work-related disability is depression. People who are depressed are more likely to take sick days, work fewer hours, or quit their jobs permanently, according to the Mental Health Foundation, 2022. It lowers academic achievement and increases the likelihood that students will drop out.

Discrimination and Stigma

Stigma continues to be a significant obstacle to seeking help, even with increased awareness of the issue. Thornicroft et al. (2016) claim that stigma causes social rejection, discrimination at work, and reluctance to reveal symptoms. Additionally, internalized stigma can exacerbate symptoms and lower self-esteem.

Economic Difficulties

Depression makes people less likely to work, which can lead to financial hardship. Such financial hardship often intensifies depressive symptoms, creating an unbreakable cycle between mental illness and poverty.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC11403199/>

Impact on Families and Carers

Families play a crucial role in helping patients with depression, but doing so can come with significant financial, emotional, and physical costs.

Impact on Emotions

When carers witness a loved one's suffering, they frequently experience stress, anxiety, guilt, and helplessness. While spouses may deal with disruptions in emotional intimacy and relationship dynamics, parents of depressed children experience fear and uncertainty about how to cope.

Burnout and Role Stress

Carers frequently take on additional duties, like scheduling appointments, offering emotional support, or helping with day-to-day tasks. Burnout can occasionally follow from this, especially for people without personal support systems.

Impact on Young Carers and Children

Children of depressed parents are more likely to experience behavioral issues, poor academic performance, and mental health issues. In addition to experiencing emotional distress, social isolation, and interrupted schooling, young carers especially need policy support.

Protections of the Care Act of 2014

In recognition of carers' vital contributions and vulnerabilities, the Care Act of 2014 grants them statutory rights, such as assessments, support plans, and respite options.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8058813>

Evidence-Based Treatment & Management in the UK

NHS Stepped-Care Model

Step 1

Identification and Assessment:

GPs use instruments like the PHQ-9 to support their assessment, risk assessment, and monitoring (NICE, 2022).

Step 2

Interventions at Low Intensity:

- Self-help with guidance
- Psychoeducation
- Programs for digital CBT (NHS Talking Therapies)

Step 3

Intensive Psychological Therapies:

cognitive behavioral therapy (CBT)
Behavioral Activation
Interpersonal Therapy (IPT)

Step 4

Specialist Interventions:

- Mental health services
- Teams for crises
- Secondary services for mental health

Pharmacological Treatment

For moderate to severe depression, antidepressants are frequently prescribed. NICE 2022 recommends:

SSRIs (e.g., sertraline, fluoxetine): first line

Venlafaxine and other SNRIs: for partial responders

TCAAs (like amitriptyline): restricted because of adverse effects

MAOIs: saved for specialized care

Mirtazapine and trazodone are examples of atypical antidepressants.

Limitations and Effectiveness

Antidepressants perform better than placebos in extensive meta-analyses, according to Cipriani et al. (2018). However,

Up to 30% respond very little.

Adherence may be impacted by potential side effects like nausea, weight gain, and sexual dysfunction.

Monitoring for withdrawal symptoms and relapse is necessary for long-term treatment.

The best results are typically obtained when medication and therapy are combined.

Psychological Therapies

Psychological treatments are still crucial in the treatment of chronic depression.

Cognitive behavioral therapy (CBT): Has the best evidence base for treating depression and assists people in recognizing, confronting, and changing dysfunctional thoughts and behaviors.

Interpersonal Therapy (IPT): IPT deals with communication patterns, grief, role changes, and interpersonal conflict. It is appropriate for the person whose symptoms are associated with relationship problems.

Cognitive Therapy Based on Mindfulness

MBCT: Reduces the chance of relapse in recurrent depression by combining CBT with mindfulness.

The goal of behavioral activation (BA) is to counteract avoidance patterns by increasing participation in activities that are valued.

Psychodynamic therapy and counseling:

Beneficial for individuals with complex trauma or psychological stressors.



Theoretical Models

It is necessary to base practice on solid theoretical frameworks in order to comprehend depression as a chronic illness. These frameworks direct the creation of policies, services, interventions, and assessments. The models that underpin modern depression care, both international and UK-based, are critically examined in this section.

United Kingdom Model: The Biopsychosocial Model & NICE Stepped Care

When Engel first proposed the Biopsychosocial Model in 1977, it signified a paradigm change from biomedical to holistic care. It acknowledges that depression results from the dynamic interplay between:

Biological elements: inflammation, neurochemistry, and genetics

Psychological aspects: behavior, trauma, coping, and thought processes

Poverty, relationships, and discrimination are examples of social determinants.

Benefits of BPS for Holistic Assessment in Depression Treatment

urges medical professionals to take into account not only symptoms but also social stressors, lifestyle factors, trauma history, and family dynamics.

Supports Multi-Agency Collaboration

enables collaborative efforts between the health, social care, and voluntary sectors by aligning with NHS integrated care frameworks.

promotes the use of person-centered

acknowledges that every person's experience with depression is different.

LIMITATIONS:

However, despite its value, the model is criticized for being a conceptual catch-all that is applied inconsistently across service providers. Social and psychological needs are subordinated to biological treatments when resources are limited; Rose et al., 2018. Furthermore, some social factors, such as housing, unemployment, and poverty, are outside the NHS's scope of intervention.

Expanded NICE Stepped Care Model

In the UK, NICE offers the most significant operational framework for depression treatment. The model gives priority to: Accurate diagnosis and risk evaluation

Evidence based treatments that are appropriate for the severity

De-escalation or stepped escalation

Shared decision making and patient choice

ADVANTAGES:

Nationally standardized care that is both cost effective and evidence based

guarantees the availability of psychological treatments

encourages early intervention

LIMITATIONS:

The efficacy of talking therapies may be diminished by lengthy waiting lists.

Stepped-care may oversimplify complicated cases with several comorbidities.

At the regional level, disparities in provision continue to exist.

International Model: WHO Mental Health Gap Action Programme (mhGAP)

The goal of the WHO Mental Health Gap Action Programme (mhGAP) is to increase access to mental health services worldwide, particularly in low- and middle-income nations. WHO (2016)

Fundamental Ideas:

- Integrating mental health into primary care
- Educating non-specialist healthcare professionals
- Community involvement and early intervention
- Scalable, inexpensive intervention

ADVANTAGES:

- Reduces the need for specialized mental health services
- High suitability in resource-constrained environments
- encourages community-based strategies that align with recovery models

LIMITATIONS:

- not designed for wealthy healthcare systems like the National Health Service (NHS).
- Effective governance and oversight are necessary.
- Variability in context-specific adaptation



https://www.nice.org.uk/media/default/sharedlearning/251_243supportinginfo.pdf

<https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme>

Policy & Political Agendas

At the national level, it is influenced by political commitments, public health issues, and priorities that change over time. Depression prevalence and socioeconomic impact are reflected in the emphasis on it.

National Policies

NHS Long Term Plan (2019)

The following commitments are outlined in this significant strategic document:

Increase access to NHS Talking Therapies

Enhance crisis assistance in community environments

Integrate primary care networks (PCNs) with mental health services.

Reduce inequality with customized local solutions

By 2023–2024, increase annual funding for mental health by £2.3 billion.

According to the plan, depression is a priority long-term care condition that does, in fact, call for integrated and preventive strategies.

NICE Guidelines (NG222 and CG90)

NICE offers comprehensive, evidence-based clinical recommendations for:

Evaluation

Risk assessments

Therapy (pharmacological, psychological)

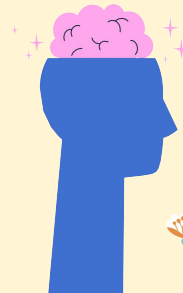
Preventing relapses

Long-term administration

NICE is a key player in healthcare education and training and guarantees uniformity throughout NHS services.



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David



The Mental Health Act of 1983 was modified in 2007

This law governs how patients who pose a risk to themselves or others are detained and treated. Detention under the Act may result from major depression accompanied by severe suicidal thoughts or psychotic symptoms. The goal of this ongoing review is to lessen inequality and strengthen patients' rights.

The Care Act of 2014

The Care Act mandates:

Assistance for caregivers

Safeguarding obligations

Person-centered evaluations

Promotion of health and prevention

Given the toll that depression takes on families, this bill is crucial.

Local Policies

Local Integrated Care Systems (ICSs) carry out national policy with an emphasis on:

Diminishing disparities

Increasing the availability of psychological services

Building community based assistance

Through community wellbeing programs, anti-stigma campaigns, and mental health promotion, local authority public health teams also aid in prevention.

Recommendations for Person-Centred Care & Self-Management

Strengthening Person-Centred Approaches

- Promote collaborative decision-making and care planning (Coulter & Collins, 2011).
- Provide care that is trauma-informed and culturally competent.
- In treatment planning, take into account factors that affect mental health, such as poverty and social exclusion.

Enhancing Self-Management

Evidence supports:

- Apps for digital CBT, such as SilverCloud and Beating the Blues
- Support groups for peers
- Planning for wellness (WRAP)
- Lifestyle strategies include exercise, good sleep hygiene, and a balanced diet (NICE, 2022).

SilverCloud
by Amwell®

wrap
WELLNESS RECOVERY ACTION PLAN
Your Wellness Your Way

Supporting Families & Carers

- Assessments of carers under the Care Act
- Family psychoeducation
- Services for respite
- Peer networks for caregivers



Mental Health

End-of-Life Considerations

In cases of severe recurrent depression and co-occurring chronic illness, practitioners need to take into account:

- Planning for advance care
- Palliative mental health assistance
- Comprehensive treatment of symptoms



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

Conclusion

Depression is a complicated, chronic illness that presents serious difficulties for people, families, and the health and social care systems. Because of its complex aetiology, evidence-based, integrated, and holistic approaches are required. While international models like WHO mhGAP offer more comprehensive approaches to enhancing access, UK policy frameworks like the NHS Long Term Plan and NICE Stepped Care offer strong guidance. To improve results and lessen inequality, it is still essential to strengthen person-centered care, self-management, and cross-sector cooperation. In order to provide early intervention, continuity of care, and compassionate support for individuals living with depression, health and social care professionals are essential.



References

- American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Washington: APA.
- Bee, P. et al. (2011) 'Family-focused interventions in depression', *Journal of Affective Disorders*, 130(1–2), pp. 1–10.
- Beck, A. (2019) *Cognitive Therapy of Depression*. New York: Guilford Press.
- Centre for Mental Health (2021) *Mental Health Economic Impact Report*. London: CMH.
- Cipriani, A. et al. (2018) 'Comparative efficacy and acceptability of 21 antidepressants', *The Lancet*, 391(10128), pp. 1357–1366.
- Coulter, A. and Collins, A. (2011) *Making Shared Decision-Making a Reality*. London: The King's Fund.
- Engel, G. (1977) 'The need for a new medical model', *Science*, 196(4286), pp. 129–136.
- Felger, J. (2018) 'Inflammatory cytokines in depression', *American Journal of Psychiatry*, 175(5), pp. 393–403.
- Hughes, K. et al. (2017) 'The effect of ACEs on mental health', *The Lancet Public Health*, 2(8), pp. E356–e366.
- Malhi, G. and Mann, J. (2018) 'Depression', *The Lancet*, 392(10161), pp. 2299–2312.
- Marmot, M. (2020) *Health Equity in England: The Marmot Review 10 Years On*. Institute of Health Equity.
- McManus, S. et al. (2022) *Adult Psychiatric Morbidity Survey*. NHS Digital.
- Mental Health Foundation (2022) *Loneliness and Mental Health*. London: MHF.
- Naylor, C. et al. (2016) *Bringing Together Physical and Mental Health*. The King's Fund.
- NHS Digital (2022) *Mental Health Bulletin*. London: NHS Digital.
- NHS England (2019) *NHS Long Term Plan*. London: NHSE.
- NICE (2022) *Depression in Adults: Treatment and Management (NG222)*. London: NICE.
- ONS (2023) *Depression Among Adults in Great Britain*. London: Office for National Statistics.
- Pierce, M. et al. (2021) 'Mental health during the pandemic', *The Lancet Psychiatry*, 8(7), pp. 610–612.
- Rock, P. et al. (2014) 'Cognitive impairment in depression', *Psychological Medicine*, 44(10), pp. 2029–2040.
- Sullivan, P. et al. (2020) 'Genetic architecture of depression', *Nature Genetics*, 52(8), pp. 1–11.
- Thornicroft, G., Mehta, N. et al. (2016) 'Evidence for effective anti-stigma interventions', *The Lancet Psychiatry*, 3(2), pp. 114–122.
- WHO (2016) *mhGAP Intervention Guide*. Geneva: World Health Organization.
- WHO (2022) *Suicide Worldwide Data*. Geneva: WHO.
- WHO (2023) *Depression Fact Sheet*. Geneva: WHO.

ACCESSED ON 13 NOV 2025



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David