



UNIVERSITY OF WALES
Trinity Saint David
London

Assessment 1

Supporting Paper

Student name: victoria fantodji

Student ID:2024740

Module name: Mental Disorders and Psychopathology

Module code: BMHP6006

Lecturer name: Bianca Sanfilippo

Table of Contents

Introduction	2
--------------------	---

Definition of depression	4
Depression within the ICD-10 Manual	4
Data about depression in the UK.....	4
Causes	5
Symptoms/signs.....	5
Diagnosis	6
Historical view and treatments for Depression	6
Current treatments (NHS)	7
Principles when working with people with depression	7
Recommendations for the improvement of the symptoms	8
Conclusion	8
References.....	9
Appendix: Presentation slides	11

Introduction

Mental health issues can be referred to as mental health disorders or psychiatric disorders to describe a wide range of conditions that affect a person's thoughts, emotions, behaviour, and overall psychological well-being. The mental health disorder is not typically considered as a

severe health issue as physical disorder is. There are several kinds of mental health disorders all over the world. Among the disorders, depression is a common term widely used to address mental health issues. Depression is a complex mental health disorder marked by ongoing low mood, loss of interest or pleasure, and a variety of physical and psychological symptoms (Nutt Wilson and Paterson, 2022). Where all other mental health issues e.g., madness, insanity etc. are considered with high interest as a disease for treatment, depression is neglected in most parts of the world. Additionally, the treatment of mental health has started seriously before a couple of years. Before, depression was not considered a mental health issue. However, the supporting paper aims to define mental health, global reference of depression within the ICD-10 manual announced by the World Health Organisation, causes and symptoms of depression, diagnosis of depression and treatments for depression and recommendations for the development of mental health treatment and reducing the severity of depression.

Definition of depression

Major Depressive Disorder (MDD) is a term often used to define depression. It is partly related to the normal ups and downs of life but may have a significant negative impact on the sound flow of life. Sometimes it becomes so severe that individuals suffering from depression select the path of suicide to be free from depression. It is a state of mind that individuals suffering from depression do not get any pressure in life doing anything (Ljungberg, Bondza and Lethin, 2020). There are some characteristics noticeable among people suffering from depression such as loss of interest in anything, persistent low mood, feeling empty and many more. People may suffer from both biological and environmental factors. The biological factors are related to the DNA of the people struggling against depression (Nutt Wilson and Paterson, 2022). On the other hand, the environmental factors include complex working conditions, financial conditions, stressful life events and many more. However, whatever the reason for depression, it should be cured as soon as possible to keep an individual on the right track in life.

Depression within the ICD-10 Manual

International Classification of Diseases, 10th Revision, is widely known as the ICD-10 Manual published by the world health Organization to serve as the global reference for categorising various medical conditions and treatments for healthcare providers, researchers and other parties involved in the healthcare sector over the world. To define, diagnose and provide treatment of depression, ICD-10 has categorised depression in the codes "F32 and "F33". The diagnostic codes "F32" and "F33" are used to classify and categorize various types of depressive disorders (WHO, 2010). For instance, "F32" means a depressive episode that provides symptoms for meeting the criteria for depression e.g., low mood, loss of pleasure etc. On the other hand, "F33" means Recurrent Depressive Disorder published the diagnosis process by analysing the episodes of depression over the years. One of the mentionable things about ICD-10 is that it does not provide any kind of recommendation for curing mental health issues, particularly depression. Rather, it is involved in grading and classification of depression episodes.

Data about depression in the UK

Depression has become like an epidemic in the UK. The number of patients suffering from depression has increased significantly which was not so mentionable a couple of decades ago. Additionally, the severity of depression has increased significantly after the pandemic. According to a leading charity organisation in the UK, around 1 in 6 adults has been suffering from moderate to severe levels of depression which also influences some depressed people

to commit suicide (Wild *et al.*, 2022). The youth age group and women of the age range between 18 and 30 are major depressed individuals among the patients suffering from moderate to severe levels of depression. Consequently, it plays a significant role in affecting their relationships and overall well-being. According to the Office for National Statistics, overall 16% of people are suffering from various levels of depression (Klaser *et al.*, 2021). Most of the people in this statistic are youths. Data from both sources provide insight that young people are mostly sufferers of depression. According to other statistics, 1.81 million people were referred for depression treatment in 2021/22 (Kounali *et al.*, 2022). However, only 57% of people have completed the course for the treatment of depression. That means almost half of the depressed people who go for treatment can not even complete their courses there. It might be negligence of people in taking treatment for depression, or the lack of trust in the courses for overcoming depression among the people forced them to leave the courses in the middle.

Causes

The causes of depression among the people in the UK are not certain. However, there are some common causes that have similarities with most people suffering from depression. They can be categorised into four broad categories e.g., biological causes, psychological causes, social causes and environmental causes. The biological causes include genetic predisposition, Hormonal Changes in different periods of life such as pregnancy, adolescence etc., Neurochemical Imbalance and many more (Ross *et al.*, 2023). The psychological causes are personality traits which include negative self-image, experiencing traumatic situations like loss of love, abuse etc., maladaptive thought patterns etc. The social causes include social and personal relationships with individuals and relatives, social isolation, financial instability etc. According to a study, more than 40% of people were in a moderate to severe level of depression due to isolation during the Covid-19 pandemic in the UK (Moura *et al.*, 2022). On the other hand, the environmental causes of depression include seasonal effects of the disorder such as dark winters may contribute to increased depression. Other environmental causes include the consumption of alcohol, the lifestyle of people and many more. According to the National Institute of Mental Health (NIMH), a US-based organisation, People who drink heavily are more likely to suffer from depression than those who do not.

Symptoms/signs

The symptoms of depression also can be categorised into four broad categories. They are emotional symptoms, physical symptoms, behavioural symptoms and cognitive symptoms. The emotional symptoms include feeling hopeless, persistent sadness, loss of pleasure and many more (Kapfhammer, 2022). The physical symptoms include irregular sleeping or sleep

disturbance, significant changes in appetite and weight loss, a sense of low energy and many more. The behavioural changes include neglecting responsibilities, staying away from friends and family, and even thinking about suicidal activities. Finally, cognitive symptoms are lack of concentration, taking too much time to think abnormally and many more.

Diagnosis

There are several components of the diagnosis of depression. Some popular components are clinical assessment, severity assessment, self-report questionnaire, medical evaluation, diagnosis criteria and many more. In a clinical assessment, a structured interview is conducted to collect an individual's symptoms, medical history, and personal circumstances. It may provide significant insights. On the other hand, in severity assessment, depression is categorised into mild, moderate and severe (Colomo *et al.*, 2021). Self-questionnaire also provides significant insights into the level of depression and category. It includes the changes of symptoms over time. Medical evaluation is not only applicable to depression but also to other mental health issues. It ensures whether an individual is suffering from depression or other mental illnesses like vitamin deficiencies. Diagnosis criteria, on the other hand, are based on some outlined diagnosis manual. ICD-10 is one of the most popular diagnosis criteria (WHO, 2010). For the diagnosis of depression based on the criteria, at least symptoms must be similar to the criteria e.g., depressed mood, psychomotor agitation, loss of interest, fatigue, feelings of worthlessness, suicidal ideation, diminished ability to concentrate, psychomotor agitation, significant weight loss and sleep disturbances.

Historical view and treatments for Depression

Depression was historically neglected as a serious mental illness. But from the beginning of the 20th century, the concept started to change. Even 50 years ago, there were a lot of critics against mental treatment as their misconception was that psychiatrists were the individuals who had been trying to establish mental hospitals in their interest of earning money through fraudulence. However, some significant historical treatments of depression are moral treatment, physical treatment, medication etc. Moral treatment prevailed in the 16th century in which people with mental problems including depression came a church and were guided by the church. Bethlehem Hospital in London was an institution like this (Bailey-Gibson, 2022). Physical treatment is also one of the oldest treatments for depression and mental illness. The patients were punished so that they could refrain from some particular practices that made them depressed and mentally ill. On the other hand, some medications available in the 20th century like Thorazine and lithium were used to reduce depression and some other mental illnesses.

Current treatments (NHS)

There are some treatments available in the National Healthcare Service which have some positive and negative impacts. The prevailing treatments for depression are antidepressants, psychotherapy, lifestyle change etc. Antidepressants such as Prozac and other selective serotonin reuptake inhibitors (SSRIs) were introduced in the 1990s and they were called “Miracle Drugs” at that time (Nardi, da Silva and Gentil Filho, 2020). They have some positive sides including reduction of the symptoms of depression, easy treatment and can be tolerated easily. On the other hand, antidepressants have some negative impacts on health e.g., insomnia, sexual dysfunction etc. Psychotherapy is a counselling method to make people understand their condition and develop the condition by coping with adverse situations. It helps in the relationship and overall quality of life. It also has some negative impacts e.g., expensive and time-consuming process, difficulty in finding a quality therapist and many more. Lifestyle change is another prevailing treatment for depression where the activities of the patient are rescheduled based on healthy timing for example eating a healthy diet, getting enough sleep etc (Hoying, 2020). The most negative side of the treatment is that changing lifestyle is hard and it may bring frustration in failure. Consequently, the level of depression may be increased.

Principles when working with people with depression

When it is needed to work with an individual with depression, individuals should consider some principles such as being supportive, respecting the perspective of the depressed individual, validating the feelings of the person and listening actively. A person struggling to overcome depression may need some support from colleagues, friends or other persons because he/she may feel guilty for nothing because of depression (Garrido *et al.*, 2019). That is why he/she isolates her/him from society. In this regard, all the people including friends, colleagues etc. should be supportive to make him/her feel easy. They all should listen to the words of the person actively because he/she will not try to explain further. Any suggestion for recovery from the depression is meaningless unless the depressed person wants it. That is why individuals should avoid this as part of validating his/her feelings. That's all about what people should follow when working with people with depression. Otherwise, it will create several issues e.g., professional failure due to not communicating, individual conflict and many more.

Recommendations for the improvement of the symptoms

To improve the symptoms of depression as well as reduce the intensive depression of an individual, he/she should go to the psychiatrist. The reason why, people with depression do not go to psychiatrists is because the cost of mental treatment is high (Knapp and Wong, 2020). That is why it should be reduced immediately to make the patient's psychiatrist centric for taking the treatment of depression as well as others. Additionally, the health care sector should create mass awareness to improve consciousness about depression and its potential results. Apart from the organisational perspective, individuals should be aware of the life style supportive for ensuring mental health and avoid the activities which may increase the symptoms of depression among the people.

Conclusion

Although the historical treatment of depression is not satisfactory, the treatment of depression as well as mental disorders has improved recently all over the world. That is why people suffering from depression should get treatment properly by analysing the category of depression. Additionally, they should maintain good relationships with society and make a good lifestyle. It will help them to live in peace without depression.

References

1. Bailey-Gibson, (2022). A Hospital and a Home? Evaluating the practice of moral treatment on women in Essex Pauper Lunatic Asylum, Warley [Hospital] from 1853 to 1884.
2. Colomo, N., Oliveira, C., Hernández-Pedrosa, J., Bergero, T., Fábrega-Ruz, J., Porras, N., Girón, M.V., de Rota, L.F. and Oliveira, G., (2021). Validity of self-rating screening scales for the diagnosis of depression and anxiety in adult patients with bronchiectasis. *Archivos de Bronconeumología (English Edition)*, 57(3), pp.179-185.
3. Garrido, S., Millington, C., Cheers, D., Boydell, K., Schubert, E., Meade, T. and Nguyen, Q.V., (2019). What works and what doesn't work? A systematic review of digital mental health interventions for depression and anxiety in young people. *Frontiers in psychiatry*, 10, p.759.
4. Hoying, J., Melnyk, B.M., Hutson, E. and Tan, A., (2020). Prevalence and correlates of depression, anxiety, stress, healthy beliefs, and lifestyle behaviors in first-year graduate health sciences students. *Worldviews on Evidence-Based Nursing*, 17(1), pp.49-59.
5. Kapfhammer, H.P., (2022). Somatic symptoms in depression. *Dialogues in clinical neuroscience*.
6. Klaser, K., Thompson, E.J., Nguyen, L.H., Sudre, C.H., Antonelli, M., Murray, B., Canas, L.S., Molteni, E., Graham, M.S., Kerfoot, E. and Chen, L., (2021). Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app. *Journal of Neurology, Neurosurgery & Psychiatry*, 92(12), pp.1254-1258.
7. Knapp, M. and Wong, G., (2020). Economics and mental health: the current scenario. *World Psychiatry*, 19(1), pp.3-14.
8. Kounali, D., Button, K.S., Lewis, G., Gilbody, S., Kessler, D., Araya, R., Duffy, L., Lanham, P., Peters, T.J., Wiles, N. and Lewis, G., (2022). How much change is enough? Evidence from a longitudinal study on depression in UK primary care. *Psychological Medicine*, 52(10), pp.1875-1882.
9. Ljungberg, T., Bondza, E. and Lethin, C., (2020). Evidence of the importance of dietary habits regarding depressive symptoms and depression. *International journal of environmental research and public health*, 17(5), p.1616.
10. Moura, A.A.M.D., Bassoli, I.R., Silveira, B.V.D., Diehl, A., Santos, M.A.D., Santos, R.A.D., Wagstaff, C. and Pillon, S.C., (2022). Is social isolation during the COVID-19 pandemic a risk factor for depression?. *Revista Brasileira de Enfermagem*, 75.
11. Nardi, A.E., da Silva, A.G. and Gentil Filho, V., (2020). Where are lithium carbonate, typical antipsychotics, imipramine, and some other efficacious medications?. *Brazilian Journal of Psychiatry*, 43, pp.2-3.

12. Nutt, D., Wilson, S. and Paterson, L., (2022). Sleep disorders as core symptoms of depression. *Dialogues in clinical neuroscience*.
13. Ross, R.E., VanDerwerker, C.J., Saladin, M.E. and Gregory, C.M., (2023). The role of exercise in the treatment of depression: biological underpinnings and clinical outcomes. *Molecular Psychiatry*, 28(1), pp.298-328.
14. WHO - World Health Organisation (2010) *ICD-10 - International Statistical Classification of Diseases and Related Health Problems 10th Revision*. Available at: <https://icd.who.int/browse10/2010/en#V> (date accessed: 1 March 2022)
15. Wild, J., McKinnon, A., Wilkins, A. and Browne, H., (2022). Post-traumatic stress disorder and major depression among frontline healthcare staff working during the COVID-19 pandemic. *British Journal of Clinical Psychology*, 61(3), pp.859-866.

Appendix: Presentation slides

Definition

Depression can be defined as Major Depressive Disorder (MDD) that is partly related to the normal ups and downs of life but may have a significant negative impact on the sound flow of life.

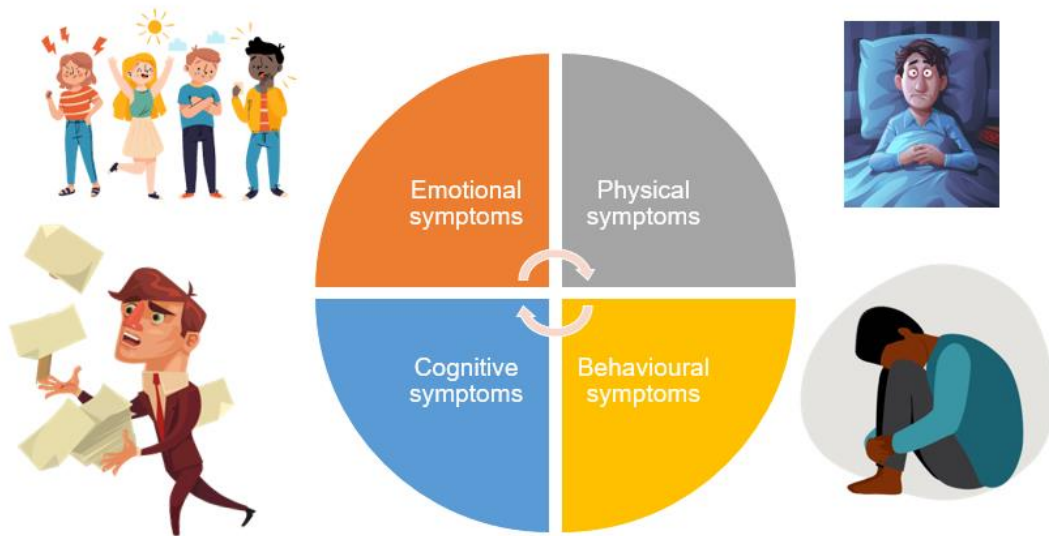


- ❖ Around 1 in 6 adults has been suffering from moderate to severe levels of depression in the UK.
- ❖ The youth age group and women of the age range between 18 and 30 are major depressed individuals.
- ❖ According to Office for National Statistics, 16% of people are suffering from various levels of depression in the UK.
- ❖ Only 57% of people have completed the course for the treatment of depression

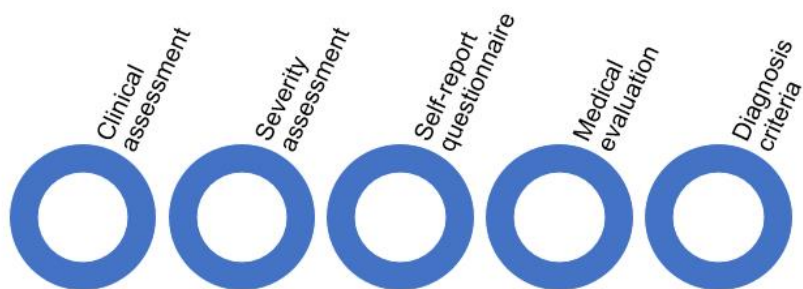
Causes of Depression



Symptoms/signs of depression



Diagnosis of Depression



Zung Self-Rating Depression Scale

Patient's initials: _____ Date of Assessment: _____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

Make check mark (✓) in appropriate column.	A little of the time	Some of the time	Good part of the time	Most of the time
1. I feel down-hearted and blue				
2. Nothing is when I feel the best				
3. I have crying spells or feel like it				
4. I have trouble sleeping at night				

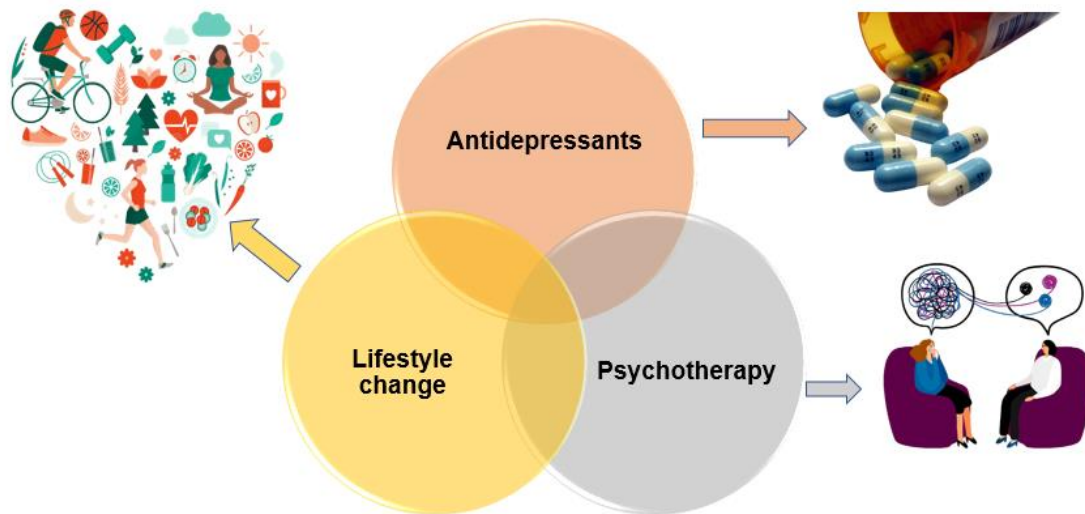


Historical view and treatments Depression

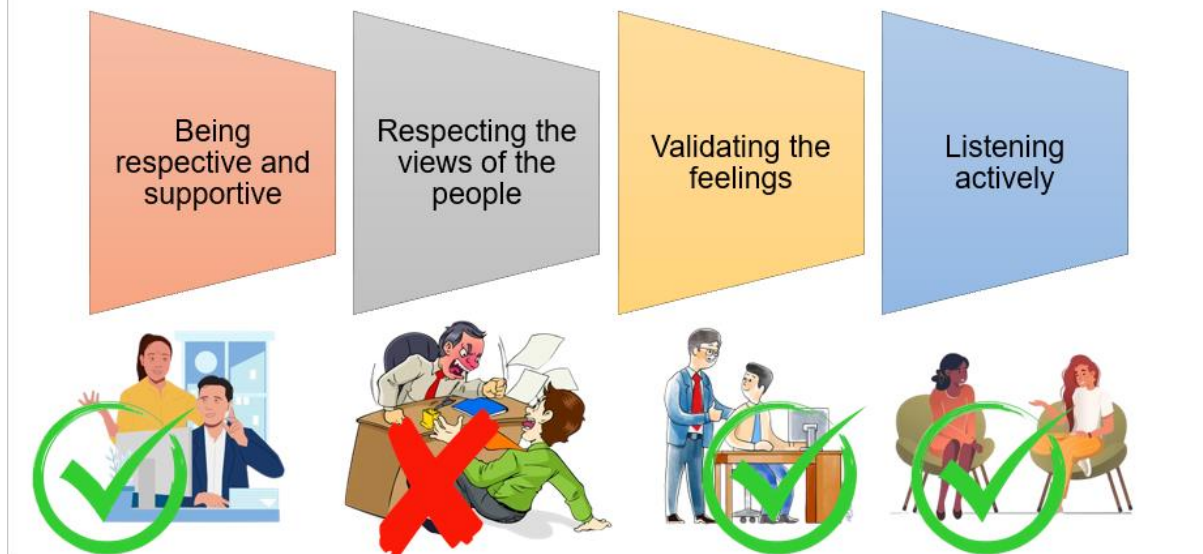
Depression was historically neglected as a serious mental illness. But from the beginning of the 20th century, the concept started to change.



Current treatments (NHS)



Principles when working with people with Depression



Recommendations



Conclusion

Although the historical treatment of depression is not satisfactory, the treatment of depression as well as mental disorders has improved recently all over the world. That is why people suffering from depression should get treatment properly by analysing the category of depression. Additionally, they should maintain good relationships with society and make a good lifestyle. It will help them to live in peace without depression.

References

- Bailey-Gibson, (2022). A Hospital and a Home? Evaluating the practice of moral treatment on women in Essex Pauper Lunatic Asylum, Warley [Hospital] from 1853 to 1884.
- Colomo, N., Oliveira, C., Hernández-Pedrosa, J., Bergero, T., Fábrega-Ruz, J., Porras, N., Girón, M.V., de Rota, L.F. and Oliveira, G., (2021). Validity of self-rating screening scales for the diagnosis of depression and anxiety in adult patients with bronchiectasis. *Archivos de Bronconeumología (English Edition)*, 57(3), pp.179-185.
- Garrido, S., Millington, C., Cheers, D., Boydell, K., Schubert, E., Meade, T. and Nguyen, Q.V., (2019). What works and what doesn't work? A systematic review of digital mental health interventions for depression and anxiety in young people. *Frontiers in psychiatry*, 10, p.759.
- Hoying, J., Melnyk, B.M., Hutson, E. and Tan, A., (2020). Prevalence and correlates of depression, anxiety, stress, healthy beliefs, and lifestyle behaviors in first-year graduate health sciences students. *Worldviews on Evidence-Based Nursing*, 17(1), pp.49-59.
- Kapfhammer, H.P., (2022). Somatic symptoms in depression. *Dialogues in clinical neuroscience*.
- Klaser, K., Thompson, E.J., Nguyen, L.H., Sudre, C.H., Antonelli, M., Murray, B., Canas, L.S., Molteni, E., Graham, M.S., Kerfoot, E. and Chen, L., (2021). Anxiety and depression symptoms after COVID-19 infection: results from the COVID Symptom Study app. *Journal of Neurology, Neurosurgery & Psychiatry*, 92(12), pp.1254-1258.
- Knapp, M. and Wong, G., (2020). Economics and mental health: the current scenario. *World Psychiatry*, 19(1), pp.3-14.
- Kounali, D., Button, K.S., Lewis, G., Gilbody, S., Kessler, D., Araya, R., Duffy, L., Lanham, P., Peters, T.J., Wiles, N. and Lewis, G., (2022). How much change is enough? Evidence from a longitudinal study on depression in UK primary care. *Psychological Medicine*, 52(10), pp.1875-1882.
- Ljungberg, T., Bondza, E. and Lethin, C., (2020). Evidence of the importance of dietary habits regarding depressive symptoms and depression. *International journal of environmental research and public health*, 17(5), p.1616.
- Moura, A.A.M.D., Bassoli, I.R., Silveira, B.V.D., Diehl, A., Santos, M.A.D., Santos, R.A.D., Wagstaff, C. and Pillon, S.C., (2022). Is social isolation during the COVID-19 pandemic a risk factor for depression?. *Revista Brasileira de Enfermagem*, 75.
- Nardi, A.E., da Silva, A.G. and Gentil Filho, V., (2020). Where are lithium carbonate, typical antipsychotics, imipramine, and some other efficacious medications?. *Brazilian Journal of Psychiatry*, 43, pp.2-3.
- Nutt, D., Wilson, S. and Paterson, L., (2022). Sleep disorders as core symptoms of depression. *Dialogues in clinical neuroscience*.
- Ross, R.E., VanDerwerker, C.J., Saladin, M.E. and Gregory, C.M., (2023). The role of exercise in the treatment of depression: biological underpinnings and clinical outcomes. *Molecular Psychiatry*, 28(1), pp.298-328.
- WHO - World Health Organisation (2010) *ICD-10 - International Statistical Classification of Diseases and Related Health Problems 10th Revision*. Available at: <https://icd.who.int/browse10/2010/en#V> (date accessed: 1 March 2022)
- Wild, J., McKinnon, A., Wilkins, A. and Browne, H., (2022). Post-traumatic stress disorder and major depression among frontline healthcare staff working during the COVID-19 pandemic. *British Journal of Clinical Psychology*, 61(3), pp.859-866.