

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

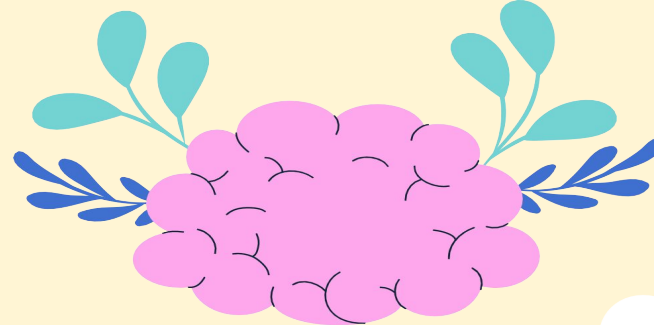
Lecturer: Dr Brian Mashumba

NAME: BISMA AMIN

ID NUMBER: 2435002



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INTRODUCTION

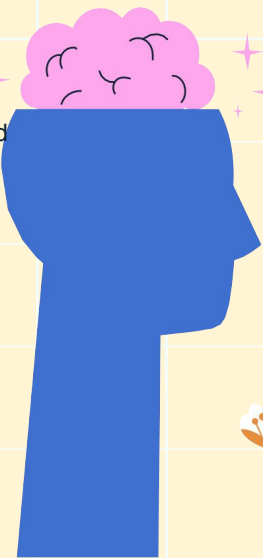
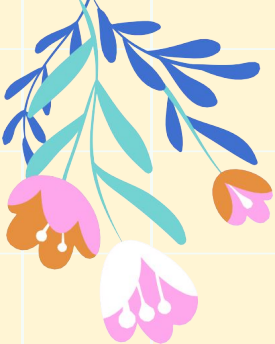
Long-term conditions are health conditions needing management over many years or even decades, usually entailing complex biopsychosocial factors and long-term care pathways. Mental health conditions, including depression, are increasingly considered chronic diseases with wide ramifications for the individual, health services, and broader society. Depression is characterized by continuous low mood, anhedonia, and functional impairment, with recurrence of episodes that may persist without intervention.

This booklet aims to critically explore depression as a long-term condition within the UK context. It brings together an evidence-based overview of its definition, prevalence, risk factors, the multidimensional impact on individuals and families, and available treatment pathways. It further analyses relevant theoretical frameworks, UK and international policies, and offers recommendations for strengthening person-centred approaches and self-management. The booklet is intended for health and social care professionals wishing to enhance practice aligned with national clinical guidance, contemporary research, and professional standards.

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



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DEFINITION

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. The American Psychiatric Association's Diagnostic Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) classifies the depressive disorders into Disruptive mood dysregulation disorder; Major depressive disorder; Persistent depressive disorder (dysthymia); Premenstrual dysphoric disorder; and Depressive disorder due to another medical condition. The common features of all the depressive disorders are sadness, emptiness, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function.

<https://www.ncbi.nlm.nih.gov/books/NBK430847/>

Prevalence and Global Burden

It is estimated that over 280 million people in the world live with depression. Depression is the leading cause of disability globally and a major contributor to suicide, accounting for an estimated 700,000 deaths annually. Depression is highly prevalent in the UK. For example, according to the Office for National Statistics, in 2023, 16% of adults would have met the diagnostic criteria for moderate to severe depressive symptoms. Data post-pandemic suggest that the rise in depression has continued, especially among young adults, women, and those with long-standing physical health conditions (ONS, 2023; Pierce et al., 2021). NHS Digital (2022) reports that mental health conditions account for almost a quarter of the total disease burden in the UK, of which depression is a major component.

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

Depression has a significant economic cost. For example, lost productivity due to depression, one of the most common mental health problems, is estimated to cost the global economy US\$1 trillion annually. The total cost of economic inactivity due to mental ill health in England in 2022 is estimated to be £9 billion.

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



Risk Factor / Aetiology

Depression arises from complex interactions of biological, psychological, and social factors:

Biological Factors

- Genetic predisposition increases risk two- to threefold (Sullivan et al., 2020).
- Neurochemical imbalances involving serotonin, dopamine, and noradrenaline play a key role (Malhi & Mann, 2018).
- Co-existing chronic illnesses (e.g., diabetes, stroke, cardiovascular disease) significantly heighten risk (Naylor et al., 2016).

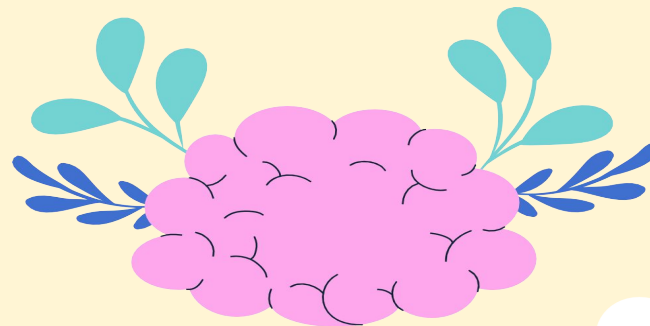
Psychological Factors

- Maladaptive coping, cognitive distortions, trauma, and low self-esteem have been strongly linked with depressed episodes (Beck, 2019).
- Adverse childhood experiences are associated with higher lifetime prevalence.

Social Determinants

- Vulnerability is increased by poverty, unemployment, housing insecurity, discrimination, and social isolation.
- Rates are disproportionately higher among people facing inequalities and marginalization.

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



Physical Impact

Depression significantly relates to physiological consequences such as fatigue, sleep disturbances, change in appetite, and reduced immune functioning. Chronic inflammation associated with depression contributes to poorer physical health outcomes and increased mortality. Depression also worsens prognosis for conditions such as diabetes and heart disease, creating a cyclical decline in overall wellbeing.

<https://pmc.ncbi.nlm.nih.gov/articles/PMC4818200/>
<https://pmc.ncbi.nlm.nih.gov/articles/PMC6659182/>

Psychological and Cognitive Impact

It impairs motivation, concentration, memory, and decision-making psychologically (Rock et al., 2014). Feelings of guilt, worthlessness, low self-esteem, and hopelessness are common. Suicidal ideation occurs in severe cases, contributing to the significant risk and safeguarding concern (NICE, 2022).

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

Social Impact

Depression significantly impacts social functioning, changes interpersonal relations, reduces the labour market participation rate, and worsens the quality of life. Social isolation is both a cause and consequence of depression (Mental Health Foundation, 2022). Stigma remains pervasive and negatively impacts help-seeking behaviours (Thornicroft et al., 2016).

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

Impact on Families and Carers

Overall, the consequences faced by the whole family can be emotional distress, financial strains, changes in roles, and caregiver burden on some family members. Families where there are young carers providing support to a parent with depression tend to have increased behavioral and emotional difficulties among these carers. The Care Act 2014 thus required that carers be assessed and supported because of their important yet vulnerable position. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8058813>

Evidence-Based Treatment & Management in the UK

NHS Stepped-Care Model

Step 1:

Recognition and Evaluation

GPs carry out an assessment, risk evaluation, and monitoring, supported by tools including PHQ-9 (NICE, 2022).



Step 2:

Low-intensity Interventions

- Guided self-help
- Psychoeducation
- Digital CBT programmes (NHS Talking Therapies)

Step 3:

High-intensity Psychological Therapies

Cognitive Behavioural Therapy (CBT)
Interpersonal Therapy (IPT)
Behavioural Activation

Step 4:

Specialist Interventions

- Psychiatric services
- Crisis teams
- Secondary mental health services

<https://www.nice.org.uk/guidance/ng222>

Pharmacological Treatment

Antidepressants, especially SSRIs like sertraline and fluoxetine, are commonly prescribed to treat moderate or severe depression. Recent meta-analyses have found them to be quite effective in symptom reduction, particularly in combination with psychotherapy. Side effects and treatment adherence must be closely watched.



Psychological Therapies

The evidence strongly supports:

CBT

Mindfulness-based cognitive therapy (MBCT)

Interpersonal Therapy (IPT)

Counselling and psychodynamic approaches

CBT remains the most effective first-line intervention, addressing maladaptive cognitions and behaviors.

Theoretical Models

UK Model: The Biopsychosocial Model & NICE Stepped Care

The Biopsychosocial Model (Engel, 1977) underpins UK mental health assessment and intervention, recognising the interplay of biological, psychological, and social determinants. NICE's Stepped Care operationalised this model in practice, ensuring proportional, evidence-based intervention.

Strengths:

- Holistic, person-centred
- Supports multi-agency collaboration
- Evidence-based and cost-efficient

Limitations:

- Variability in local implementation
- Long waiting times for NHS psychological therapies



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>



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

WHO's mhGAP framework emphasises integrated mental health care at the community level, training non-specialist workers in early detection and intervention (WHO, 2016).

Strengths:

- Global applicability
- Supports resource-limited settings
- Encourages community involvement

Limitations:

- Not designed specifically for high-income systems like the NHS
- Requires strong infrastructure to ensure fidelity

National Policies

NHS Long Term Plan 2019

Commitment to expanding mental health funding, early intervention, and integrated care systems.

NICE Guidelines (CG90; NG222)

Offer comprehensive clinical pathways on diagnosis, risk assessment, treatment, and relapse prevention.

Mental Health Act 1983; amended 2007

Provides legal framework for the care and protection of individuals at risk to self or others.

Care Act 2014

Mandates support for carers and emphasizes well-being and prevention.



Local Policies

Local Integrated Care Systems (ICSs) implement national policy, focusing on:

- Reducing inequalities
- Improving access to psychological services
- Developing community-based support

Local authority public health teams also contribute to prevention through mental health promotion, anti-stigma initiatives, and community wellbeing programmes.

Recommendations for Person-Centred Care & Self-Management

Strengthening Person-Centred Approaches

- Encourage shared decision-making and care planning from Coulter & Collins, 2011.
- Provide culturally competent and trauma-informed care.
- Recognize determinants of mental health (poverty, social-exclusion) within treatment planning.

Enhancing Self-Management

Evidence favors:

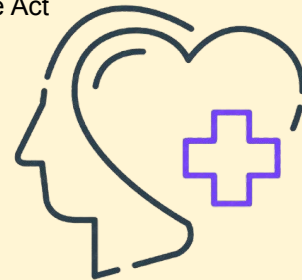
- Digital CBT apps (e.g., SilverCloud, Beating the Blues)
- Peer-support groups
- Wellness planning (WRAP)
- Lifestyle approaches: physical activity, sleep hygiene, healthy diet (NICE, 2022)

SilverCloud[®]
by Amwell[®]



Supporting Families & Carers

- Carer assessments under the Care Act
- Psychoeducation for families
- Respite services
- Carer peer networks



Mental Health

End-of-Life Considerations

In severe recurrent depression with co-existing chronic illness, professionals must consider:

- Advance care planning
- Palliative psychological support
- Holistic symptom management



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Conclusion

Depression is a complex, recurrent long-term condition that poses significant challenges for individuals, families, and health and social care systems. Its multifactorial aetiology demands integrated, holistic, and evidence-based practices. UK policy frameworks such as the NHS Long Term Plan and NICE Stepped Care provide robust guidance, while international models like WHO mhGAP offer broader strategies for improving access. Strengthening person-centred care, self-management, and cross-sector collaboration remains key to better outcomes and reduced inequalities. Health and social care professionals are crucial in ensuring that there is early intervention, continuity of care, and compassionate support for people who live with depression.



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