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Title:

Major Depressive Disorder: Classification, Diagnosis, Treatment and Contemporary Debates within the ICD -11 Framework

Introduction

Mental health disorders represent a major and growing concern for health and social care systems worldwide. Among these conditions, Major Depressive Disorder (MDD) is one of the most prevalent and debilitating mental illnesses, affecting individuals across all age groups, cultures, and socioeconomic backgrounds. Depression is associated with significant impairments in daily functioning, reduced quality of life, and increased risk of physical illness and suicide. According to the World Health Organization (WHO), depression is a leading cause of disability globally and contributes substantially to the overall burden of disease (WHO, 2023).

In response to the increasing prevalence and impact of mental health conditions, standardised diagnostic frameworks such as the International Classification of Diseases, 11th Revision (ICD -11) play a crucial role in guiding clinical practice, research, and policy development. Accurate classification supports early identification, appropriate treatment planning, and access to services, while also enabling consistency across healthcare systems.

This report critically examines Major Depressive Disorder as classified within ICD -11, Chapter 6: Mental, Behavioural or Neurodevelopmental Disorders. The report explores the classification and diagnostic criteria of MDD, evaluates current treatment and rehabilitation approaches, and discusses contemporary debates surrounding diagnosis and management. Finally, it offers evidence-based recommendations for improving practice within health and social care settings. By adopting a critical perspective, the report aims to highlight both the strengths and limitations of current approaches to understanding and managing Major Depressive Disorder.

Overview and Classification of Major Depressive Disorder (ICD -11)

Within ICD -11, Major Depressive Disorder is classified under Mood [Affective] Disorders and is defined by the presence of one or more depressive episodes characterised by persistent low mood, diminished interest or pleasure, and reduced energy or activity lasting for at least two weeks (WHO, 2019). These symptoms must represent a clear change from previous functioning and result in significant distress or impairment.

ICD-11 differentiates MDD from other mood disorders, particularly Bipolar Disorder, by the absence of current or past manic or hypomanic episodes. This distinction is essential, as misclassification can lead to inappropriate treatment, such as antidepressant monotherapy in individuals with undiagnosed bipolar disorder, which may worsen outcomes.

Depressive episodes in ICD -11 are further classified by severity— mild, moderate, or severe—and by the presence or absence of psychotic features. This dimensional approach allows clinicians to tailor treatment intensity to individual needs and reflects the heterogeneous nature of depression.

Compared to previous diagnostic systems, ICD -11 adopts a more flexible and clinically applicable framework. Unlike rigid symptom -counting approaches, it encourages clinicians to consider functional impairment, cultural context, and overall clinical presentation. When compared with the Diagnostic and Statistical Manual of Mental Disorders (DSM -5), ICD -11 places slightly greater emphasis on contextual and functional assessment rather than strict categorical thresholds.

Despite these improvements, classification of MDD remains contested. Critics argue that the boundaries between normal emotional distress and clinical depression remain unclear, raising concerns about potential overdiagnosis and the medicalisation of everyday suffering.

Diagnosis of Major Depressive Disorder

The diagnosis of Major Depressive Disorder within ICD -11 is based primarily on comprehensive clinical assessment. Core symptoms include persistent depressed mood, anhedonia, fatigue, feelings of worthlessness or excessive guilt, impaired concentration, and disturbances in sleep or appetite (WHO, 2019). These symptoms must be present most of the day, nearly every day, and must significantly impair social, occupational, or educational functioning.

Functional impairment is a central diagnostic criterion in ICD -11. This emphasis aims to distinguish clinically significant depression from transient emotional reactions to life events such as bereavement, job loss, or relationship difficulties. However, applying this distinction in practice can be challenging, particularly in busy primary care settings where consultation time is limited.

Differential diagnosis is essential when assessing suspected MDD. Clinicians must rule out Bipolar Disorder, anxiety disorders, substance- induced mood disorders, and physical health conditions such as hypothyroidism that may mimic depressive symptoms. Failure to conduct thorough assessment can lead to misdiagnosis and inappropriate treatment.

Screening tools, such as the Patient Health Questionnaire (PHQ -9), are commonly used to support diagnosis. While these tools can aid early identification, they should not replace clinical judgement. Over -reliance on screening questionnaires has been criticised for contributing to overdiagnosis and insufficient exploration of psychosocial context.

Cultural factors further complicate diagnosis. Depression may be expressed through somatic symptoms rather than emotional language in some cultures, increasing the risk of underdiagnosis or misinterpretation. These challenges highlight the need for culturally sensitive and holistic diagnostic approaches.

Treatment Approaches

Treatment of Major Depressive Disorder typically involves a combination of pharmacological and psychological interventions, guided by symptom severity, patient preference, and clinical history.

Pharmacological treatment

Antidepressant medications, particularly selective serotonin reuptake inhibitors (SSRIs), are commonly prescribed for moderate to severe depression. These medications aim to regulate neurotransmitter activity and reduce depressive symptoms. Evidence suggests that antidepressants are most effective in individuals with more severe presentations, while their benefits for mild depression remain limited (NICE, 2022).

Despite their widespread use, antidepressants are associated with several challenges, including delayed onset of action, side effects, and withdrawal symptoms. Concerns have also been raised regarding long-term reliance on medication and the influence of pharmaceutical industries on prescribing practices.

Psychological therapies

Psychological therapies are a cornerstone of MDD treatment and are recommended as first-line interventions for mild to moderate depression. Cognitive Behavioural Therapy (CBT), interpersonal therapy, and behavioural activation have demonstrated strong evidence of effectiveness. These therapies focus on addressing maladaptive thought patterns, improving coping strategies, and enhancing interpersonal functioning.

ICD-11 supports a stepped-care model, in which treatment intensity increases in line with symptom severity and response. This approach promotes efficient use of healthcare resources while ensuring access to specialist services when required.

Rehabilitation and Recovery

Rehabilitation in Major Depressive Disorder extends beyond symptom reduction and focuses on long-term recovery, relapse prevention, and restoration of social functioning. Depression often disrupts employment, education, and relationships, making psychosocial rehabilitation a critical component of care.

Psychoeducation plays a key role in rehabilitation by helping individuals understand their condition, recognise early warning signs of relapse, and engage actively in treatment decisions. Vocational rehabilitation and supported employment programs can assist individuals in returning to work, which is associated with improved self-esteem and recovery outcomes.

Community mental health services, peer support groups, and voluntary sector organisations also contribute significantly to recovery by reducing social isolation and promoting inclusion. Recovery-oriented practice emphasises personal meaning, autonomy, and hope rather than focusing solely on symptom remission.

However, access to rehabilitation services remains uneven. Individuals living in under-resourced or rural areas may experience limited availability of community-based mental health support, increasing the risk of relapse and chronicity.

Current Debates and Critical Issues

Major Depressive Disorder is the subject of ongoing debate within mental health research and practice. One prominent issue is the tension between overdiagnosis and underdiagnosis. While some argue that diagnostic criteria are overly broad, others

highlight that many individuals with severe depression remain untreated due to stigma, limited access to services, or cultural barriers.

Another significant debate concerns the medicalisation of sadness. Critics suggest that normal emotional responses to adversity are increasingly framed as pathological, leading to unnecessary medication use. Conversely, proponents argue that diagnosis provides validation, reduces stigma, and facilitates access to support for individuals experiencing genuine impairment.

The effectiveness and ethics of antidepressant use also remain contested. While medication can be life-saving for some individuals, concerns persist regarding side effects, long-term dependency, and the balance between pharmacological and psychological interventions.

Cultural and socioeconomic factors further complicate the understanding of MDD. Western diagnostic frameworks may not fully capture diverse expressions of distress, raising concerns about equity and inclusivity in mental health care.

Social and Ethical Considerations in Major Depressive Disorder

Beyond clinical diagnosis and treatment, Major Depressive Disorder has significant social and ethical implications that influence both individual outcomes and wider health systems. Depression does not occur in isolation and is strongly shaped by social factors such as poverty, unemployment, housing insecurity, and social exclusion (Marmot, 2020). Stigma remains a major barrier to care, particularly in educational and workplace environments. Many individuals delay seeking support due to fear of judgement, which can worsen outcomes.

Ethical concerns also arise regarding informed consent and antidepressant prescribing. Patients should be fully informed about treatment options, risks, and benefits (NICE, 2022).

From a public health perspective, depression creates significant economic and social costs. Early intervention and community-based services can reduce long-term impact (Patel et al., 2018).

Recommendations for Practice

Based on this critical analysis, several recommendations can be made to improve the management of Major Depressive Disorder:

1. Enhance diagnostic training to improve accuracy and reduce misdiagnosis.
2. Promote integrated care models combining medical, psychological, and social interventions.
3. Increase access to psychological therapies, particularly in primary care settings.
4. Strengthen rehabilitation services, including vocational and community-based support.
5. Adopt culturally sensitive practices in assessment and treatment.
6. Encourage shared decision-making to empower service users and improve adherence.

Conclusion

Major Depressive Disorder represents a significant challenge for health and social

care systems due to its prevalence, complexity, and impact on functioning. Within the ICD-11 framework, MDD is clearly classified, providing a structured basis for diagnosis, treatment, and research. This report has demonstrated that while current approaches offer substantial benefits, they are not without limitations.

Effective management of MDD requires accurate diagnosis, evidence-based treatment, and comprehensive rehabilitation strategies that address biological, psychological, and social factors. Ongoing debates surrounding diagnosis, medicalisation, and treatment highlight the importance of critical reflection and continuous improvement in mental health practice.

By adopting recovery-oriented, inclusive, and person-centred approaches, health and social care systems can better support individuals living with Major Depressive Disorder and reduce its long-term impact on individuals, families, and communities.

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