

PROGRAMME: BSc HEALTH AND SOCIAL CARE

MODULE: MENTAL DISORDERS AND PSYCHOPATHOLOGY

MODULE: BMHP6006

ASSESSMENT 1, SUPPORTING PAPER

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Content

- 1) Introduction
- 2) Who does depression affect?
- 3) What is depression
- 4) Impact of Covid-19
- 5) Types of depression
- 6) Causes of depression
- 7) Symptoms and signs
- 8) Diagnosis
- 9) Professional principles when working with people with depression.
- 10) Conclusion
- 11) References
- 12) Appendix

Introduction

The 2010 ICD-10 version of the World Health Organization (WHO) includes depressive episodes and depression. It belongs to the category of mood [affective] disorders (F30-F39). Disorders like bipolar disorder, manic episodes, major depressive disorder, and recurrent and persistent mood [affective] sickness can all be found in this group. Depressive episode is F32 in this group (WHO 2010).

Depressive episodes or depression is the most common type of depression and can be a severe mood illness. A persistent sense of discomfort, apathy, and aloofness are produced by it. Several medical and emotional issues may arise because of the person's behaviour and feelings (Talking Change, 2022).

A depressed person experiences this feeling of sadness, but instead of passing quickly, it persists for weeks, months, or even years. The person loses interest in activities that he had previously enjoyed since he feels so out of the ordinary and alone among his family and acquaintances. Daily tasks become difficult. The entire family of the depressed person is likewise affected (NHS Kernow, 2022)

Who does depression affect?

Depression can affect people of all ages, and those most likely to be affected are people aged between 45 to 65. Around 3.8 per cent of the world's population is thought to experience depression; of them, 5.0 per cent are adults, and 5.7 per cent are adults over 60 years of age. Approximately 280 million people worldwide suffer from depression. If not treated properly, depression can develop into a major health problem. At work, at school, or in the family, the affected person won't be able to perform at their best.

Suicide can result from serious depression. Every year, suicide claims the lives of almost 700,000 people. Suicide is the fourth most common cause of death for young people between the ages of 15 and 29 (WHO, 2021). One of the leading causes of disability worldwide and a major contributor to suicide and coronary heart disease is depression.

Throughout their lifetimes, 13% of men and 24% of women in England are diagnosed with depression. Men are less likely to report depression while women are more likely to admit to having depression, which could be attributed in large part to female hormones.

What is Depression?

It is a mood disorder that consistently causes loss of interest and a feeling of sadness. It affects the person emotionally and physically and this reflects in the way the person feels, thinks, and behaves. The person could have trouble doing routine day-to-day activities due to a low mood, which can last for a long time or keep returning (Mayo Clinics, 2018)

Impact of Covid-19

The World Health Organization (WHO) reported that during the first year of the Covid-19 epidemic, the incidence of depression increased by 25%. About 90% of the countries added mental health and psychosocial support to their Covid-19 action plan due to the pandemic-related concerns.

The inability of people to work, rely on their family and friends for assistance and engage with their local communities, as well as loneliness, bereavement, and financial hardships, all contributed to the growth in depression cases (WHO, 2022)

Types of depression

There are different types of depression

- **Clinical depression:** Known sometimes as major depressive disorder, this is a more severe form of depression. Clinical depression is the name given to the type of depression that affects a person when it reaches the point that professional help is required. (Verywellmind, 2022)
- **Psychotic depression:** The term "psychotic depression" describes depression that demonstrates psychotic symptoms, such as hallucinations in which the affected individual experiences sensations that no one else can, such as heat, sight, smell, or touch (Mental Health UK, 2022).
- **Postnatal depression:** Women who have recently given birth frequently experience this kind of despair. Within a year of childbirth, it impacts more than one woman out of every ten. The signs and symptoms could resemble those of other forms of depression. In some situations, the person may lead to serious depression that may require the intervention of a specialist (Mental Health UK, 2022).
- **Mild depression and moderate depression:** Although the symptoms of these varieties of depression are less severe, they are nonetheless quite comparable to severe depression. These varieties of depression can still have an impact on daily living, and daily improvements in symptoms are not always noticeable (Mental Health UK, 2022).
- **Dysthymia:** This condition, which can be chronic in nature and is also known as "persistent depressive disorder" (PDD), lasts for a protracted amount of time at a time. Dysthymia patients consistently experience a sensation of sadness and hopelessness most of the time, which causes them to frequently feel disheartened and low in self-esteem (Mental Health UK, 2022).
- **Recurrent Depressive Disorder:** This is the kind of disorder where the episodes recur over time. Recurrent depression is another name for it. The individual may experience relatively stable moods and good health in the times between the episodes (Mental Health UK, 2022).
- **Seasonal Affective Disorder (SAD):** Another seasonal kind of depression, known as "winter depression," manifests itself in this way. The climate has an impact on these people's feelings. Such people's moods are badly impacted by the long darkness at this time, and the accompanying cold weather in fall and winter, which affects their everyday lives (Mental Health UK, 2022)

Causes of Depression: Depression has numerous causes, and none can be pinned down as the singular cause of depression. Some of these numerous causes get together to bring about depression.

According to research, someone is likely to develop depression as they age, because of the challenging social and economic circumstances they have experienced. Among the many factors that contribute to depression are the things listed below.

- **Personality:** A person with odd characteristics, such as being too critical of themselves or having low self-esteem, which may be a genetic trait passed down through their parents or early experiences in life.
- **Family History:** If either the parents, sister, or brother have experienced depression, there is a chance that the person will also have depression.
- **Alcohol and drugs:** Some people turn to heavy drinking and drug use just to function as usual; this is likely to precipitate a descent into depression.
- **Giving birth:** Some women are more likely than others to have postpartum depression. Being a mother comes with new status and obligations, as well as possible physical and hormonal changes that could trigger the onset of depression.
- **Loneliness:** When people are separated from their friends and family, they may experience a sense of loneliness that can eventually metamorphose into depression.
- **Illness:** The fears and thoughts of going through a serious illness can ultimately result in depression, especially when the ailment is a long-term one that will require management and could entail chronic pain.
- **Stressful events:** In the event of people being faced with difficult situations like, losing a loved one or having a failed relationship, some people struggle to come to terms with such reality and developing depression becomes very much possible (NHS, 2019)

Symptoms and signs: Studies have shown that depression happens once in a person's lifetime, and they can have several episodes. Symptoms occur almost throughout the day and affect one's interest in activities like work, sex, sports other activities of interest. The symptoms include the following.

- Weight loss, reduced appetite, or an increased desire to eat more food aimed at gaining weight.
- Restlessness or agitation and anxiety.
- Recurring and frequent thoughts of death, suicidal thoughts or attempts at committing suicide.
- Attachment to failings of the past and feeling of low worth or guilt.
- Continuous feeling of fatigue, and inability to do little tasks.
- Difficulty concentrating, thinking, remembering things, and making decisions (Mayo Clinics, 2018)

Diagnosis:

Historic treatment: Depression as a disease has been around from the origin of man. Its first recorded presence was written in Mesopotamia in the second century B.C. Little was known about mental illness at the time.

Egyptians and Chinese civilisation looked at it from a point of demonic influences being its cause. Sufferers of depression were exorcised by priests and religious authorities. This treatment was so barbaric, and the sufferers were chained, denied food, and even beaten. In Europe, they were seen as witches and were drowned, or burned, which is based on the belief that they should either be destroyed or locked up.

The people with an alternative perspective were the Romans and the Greek physicians who saw depression as a mental disorder caused by blood and bile imbalances. They tried to cure it with exercise, music, hydrotherapy or rewarding good behaviour (Pulse TMS, 2022)

Modern treatment: If one experiences signs of depression that last over a day and stretches into a week or over a couple of weeks, then there is every reason to see a doctor. Seeing a doctor becomes imperative once the following signs are observed. The recommended treatment depends on the type of depression the person is afflicted with.

- **Mild depression:** This will be treated with the following recommendations.
 1. Wait and see approach: The doctor diagnosing the person with mild depression will cautiously ask for some time to see if it will heal. This will be followed by a review after a fortnight.
 2. Exercise: This has been highly recommended and has been proven to help in curing depression. A referral could be made to an exercise class or joining a sports club.
 3. Self-help: Talking and sharing one's experience with a friend or family member also helps. The doctor recommends local psychological therapy services or local self-help groups around (NHS, 2019).
- **Mild to moderate depression:** Talking therapy could be appropriate in helping a person with mild to moderate depression. This may include any of these; cognitive behavioural therapy (CBT) and counselling. The person can refer him or herself to an NHS psychological therapies service (IAPT) directly without a doctor's referral (NHS, 2019)
- **Moderate to severe depression:** A person with moderate to severe depression could be treated in the following ways.
 1. Use of Antidepressants: The doctor can prescribe antidepressants which are very good for the treatment of depression.
 2. Combination therapy: Combining the use of antidepressants and the use of therapy can be recommended by a doctor, especially if one has a severe type of depression. Combining antidepressants and CBT is recommended and is more effective than using just one of the two (NHS, 2019)
- **Mental health teams:** The doctor may decide to refer the person to a mental health team comprising of psychologists, psychiatrists, specialist nurses and occupational help therapists. This team operate in an intensive manner and combines prescription medicines and talking therapies.
- **Talking treatments: Cognitive behavioural therapy (CBT)** This helps in supporting the person to understand their thoughts and behaviour and how they affect them. It tries to link whatever is happening now, to the person's past. It teaches the person how to become positive and banish thoughts of hopelessness. A once a week or once every two-week session is always recommended. The full course of such sessions lasts between 5 to 20 sessions (NHS, 2019)

- **Interpersonal therapy (IPT):** This looks at how the person relates with people around him and all the problems that may have been happening in such a relationship, which include communication difficulties or coping with the loss of a close relationship. IPT has been touted to be much more effective than antidepressants and/or CBT, though this needs more research (NHS, 2019)
- **Psychodynamic psychotherapy:** in this approach, a psychoanalytic therapist tries to encourage the patient to voice out whatever is going through his or her mind. This helps the patient become knowledgeable about the meanings of what he or she says or does that may be affecting him or her.
- **Counselling:** This therapy helps the patient to reflect on the problems they are going through in life and trace new ways of overcoming them. Counsellors assist in seeking resolutions to difficulties but do not tell the patient what to do. All they do is listen attentively to the patient in confidence and offer assistance and practical advice. The NHS offers this service

Treatment in ancient times was crude and witnessed a violation of the human rights of the patients. Their rights to equality and dignity were denied, they were stigmatised, marginalised, and treated inhumanely. Compared to modern treatment where the government has put in place various Acts and policies, such as the Mental Health Act 1983 and 2007, and Care Act 2014.

Professional principles when working with people with depression.

The basic principles to apply when working with people with depression revolves around person-centred care, where the patient is carried along at every stage of his or her treatment. These include amongst other things, the following:

- Build a trusting relationship with the patient.
- Involve service users.
- Be aware of stigma and discrimination.
- Ensure confidentiality, privacy, and dignity.
- Respect policy and legislation, such as Human Rights Act 1998, Equality Act 2010, Mental Health Act 2007
(NICE, 2021)

Conclusion: Depression affects so many people in the UK and should be treated with all seriousness. Any person suffering from depression must take the bold step of talking out to get the appropriate intervention at the right time. With modern treatment, depression is now very treatable, and the issue of discrimination and rights abuses of the victims has been drastically reduced.

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APPENDIX

PROGRAM: BSC HEALTH AND SOCIAL CARE
MODULE: MENTAL DISORDERS AND PSYCHOPATHOLOGY
MODULE CODE: BMHP6006
LECTURER: BIANCA SANFILIPPO
ASSIGNMENT TITLE: PRESENTATION AND SUPPORTING PAPER
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ICD-10 VERSION:2010

MOOD [AFFECTIVE]
DISORDERS (F30-F39)



CLASSIFICATION IN THE ICD-10

CLASSIFICATION OF DEPRESSIVE
EPISODES

WITHIN ICD-10 Version for:2010

MOOD [AFFECTIVE] DISORDERS
(F30-F39)

DEPRESSIVE EPISODE F32(WHO.
2010)



What is Depression?

It is a feeling of low mood which may last for several days or becomes repetitive and influences someone's daily life.

It should be seen as a serious health condition

(NHS, 2021)

WHO IS AFFECTED BY DEPRESSION?

In England 24% of women and 13% of men are diagnosed with depression in their lifetime (NHS 2021)

3.8% of world population suffer from depression

This amounts to closely 280 million people worldwide (WHO, 2021)

1 in 6 people suffer depression in the UK.

In 2021 17% of adults suffered depression in the UK, as against 10% before Covid-19

It is a well-known cause of disability universally and contributes majorly to suicide and coronary heart diseases.

It affects more women than men (WHO, 2021)

TYPES OF DEPRESSION

Psychotic depression

Clinical depression

Depression in children and young people

Postnatal depression

CAUSES OF DEPRESSION/AETIOLOGY



There is no particular cause of depression

Illness and health issues

Medication, drugs and also Some personality traits

Personality

Family history

Bereavement

Loneliness

(NHS, 2022)

SYMPTOMS/SIGNS

Feeling of unhappiness

Feeling tired always

General loss of interest

Low mood (Mild form)

Suicidal feeling (Severe form)

DIAGNOSIS PSYCHOLOGICAL AND PHYSICAL

Feeling of sadness, tearfulness, emptiness, or hopelessness

Angry outbursts

Being irritable or frustrated over minor issues

Loss of interest in usual activities

Change in appetite, Slowed speech, weight loss or gain, constipation etc.

HISTORICAL VIEW AND TREATMENT OF DEPRESSION

Greek and Romans saw it as mental disorder caused by demons and spirits. It was branded melancholia.

Egyptians, Chinese, and Babylonians also saw it as being caused by demons and spirits. Beatings, restraining, and starvation were used as means of driving them out.

Modern treatment applies a mixture of self-help, talking therapies, and medicines.

The type of depression determines the treatment to be recommended (VerywellMind, 2021)

CURRENT TREATMENT

Mild: Observation, exercise, and selfhelp

Mild to moderate: Talking therapy, made up of cognitive behavioural therapy and counseling

Moderate to severe: antidepressants and combination therapy. Treatments may include Antidepressants, such as Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin Norepinephrine Reuptake Inhibitors (SNRIs), tricyclic antidepressants (TCAs), and monoamine oxidase inhibitors (MAOIs), (NHS, 2019)

RECOMMENDATION FOR IMPROVEMENT

Following NICE guidance

Challenging stigma and discriminating approach

Use complementary therapies (massage, yoga)

Stop/ban invasive and debated treatments (NICE, 2021)

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