

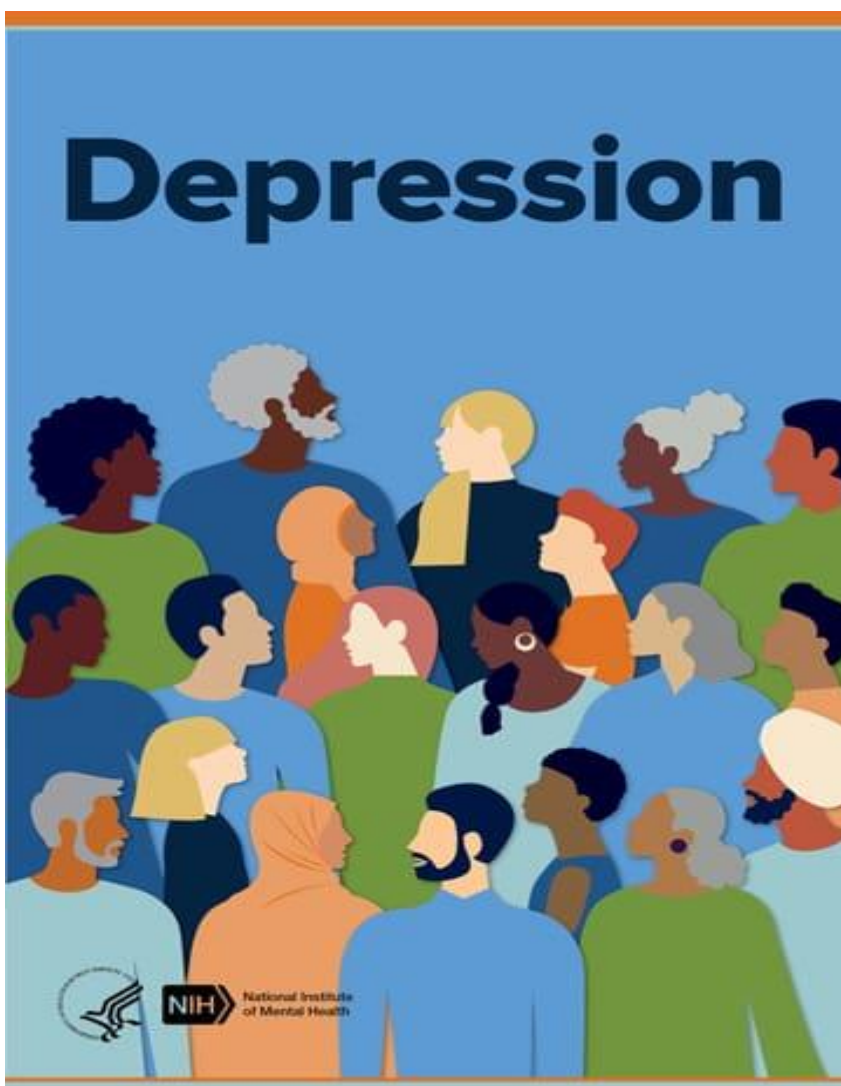


Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

MSc Public Health and Social Care in Practice

Name	I.D.
Ms. Pragati Vinodbhai Patel	2522440

MODULE CODE AND TITLE: LCHS7003
NAME OF LECTUER: Muhammed Khan
ASSIGNMENT TITLE: Component 1 Information booklet of long term condition management
TOPIC: Depression



National Institute of Mental Health (NIMH)

INDEX

SR. NO	CONTENT	PAGE NO
1.	What Is Depression?	1
2.	Definition Of Depression	1 – 2
3.	Burden And Prevalance 3.1 Global Prevalence 3.2 Global Burden 3.3 In The Uk:	2 – 4
4.	Etiology	4 – 5
5.	Risk Factors	5 - 6
6.	Clinical Features/Diagnostic Criteria	6 – 7
7.	The Diagnostic Framework	7 – 8
8.	Types Of Depression	8 - 9
9.	Complex Impacts	9 – 12
10.	Evidence Based Treatment	13 – 14
11.	Theoretical Model 11.1 Uk Model:The Stepped Care Model 11.2 International Model: Chronic Care Model	15 – 17
12	Policies, Agendas, and Developmental Initiatives	17 – 19
13	Recommendations	19 – 22
14.	End of the care	22
15.	Conclusion	23

LIST OF FIGURE

SR. NO	CONTENT	PAGE NO
1.	Figure 1: Depression [lembervector]	1
2.	Figure 2: Prevalence rate in United kingdom [NHS England,2022]	3
3.	Figure 3: Depression across the united Kingdom prevalence per region (National statistics)	4
4.	Figure 4: Aetiology of depression	4
5.	Figure 5: Types of Depression	8
6.	Figure 6: Evidence based practice	13
7.	Figure 7: Chronic care model	17

❖ Depression

1. Introduction

Depression is a common and serious long-term mental health condition. It can be life-threatening and significantly affects individuals, families, communities, and health services [WHO - 2023, NICE – 2022]

In the UK, depression is one of the leading causes of disability, lost productivity, and demand for services in both primary and secondary care. NHS staff in acute, community, primary care, mental health, and social care settings will meet patients with depression as either a primary diagnosis or alongside

other long-term conditions [WHO - 2023; NICE – 2022].



Figure 1: Depression

[lembervector]

2. Definition

Depression, clinically known as Major Depressive Disorder (MDD), is characterised by a consistent low mood and/or loss of interest or pleasure lasting at least two weeks. This condition is accompanied by other cognitive, physical, and behavioural symptoms

that interfere with daily functioning [WHO - 2023; NICE – 2022].

It is defined in the fifth edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the presence of at least five out of a possible eight defining symptoms, during the same two-week period, where at least one of the symptoms is depressed mood or loss of interest or pleasure [APA, 2013].

3. Burden and Prevalence

3.1 Global prevalence

An estimated 4% of the population experience depression, including 5.7% of adults

(4.6% among men and 6.9% among women), and 5.9% of adults aged 70 years and older. Approximately 332 million people in the world have depression. Worldwide, more than 10% of pregnant women and women who have just given birth experience depression. (WHO, 2025)

3.2 Global Burden

Worldwide, depression is a leading cause of disability. It affects all countries, although diagnosis and treatment availability vary widely [WHO – 2023; IHME - 2023].

3.3 In the UK:

About 18% of adults in Great Britain had moderate to severe

depressive symptoms in early 2025.

An estimated **3–4 million** people in England experience **depression annually**.

Among young adults (16–29), this number is higher, at around **26%**.

Diagnosed depression (clinical prevalence)



Figure 2: Prevalence rate in United kingdom [NHS England,2022]

Lifetime experience

Roughly 1 in 6 people (about 16–17%) in the

UK say they have been diagnosed with depression at some point [ONS - 2024; NHS Digital – 2024].

Age and

Demographics: The highest rates of moderate to severe symptoms are found among younger adults (aged 16 to 29), indicating a significant developmental crisis. Women are more likely than men to report symptoms [Mental Health Foundation - 2024].

Comorbidity: The rate of depression increases significantly for people with long-term physical health problems. Estimates suggest that up to 1 in 3 people with a

long-term condition also have depression. [Katon - 2011].

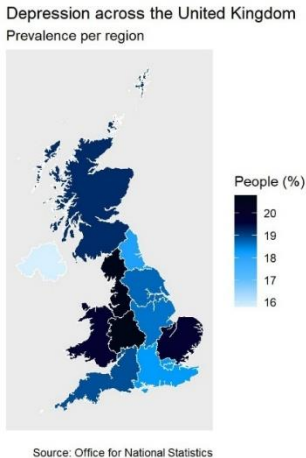


Figure 3: Depression across the united Kingdom prevalence per region (National statistics)

From the graph it is clear that:

Northern Ireland has the lowest prevalence of depression.

The North East and West Midlands have the highest prevalence.

4. Aetiology

Depression has multiple causes and is best understood through a bio-psychosocial model.

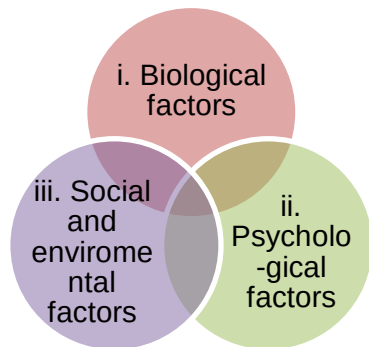


Figure 4: Aetiology of depression

i. Biological Factors

- Genetic pre-disposition (heritability of about 30–40%)
- Dysregulation of neurotransmitters (serotonin, dopamine, norepinephrine)
- Dysfunction of the hypothalamic-pituitary-adrenal (HPA) axis

- Chronic inflammation
- Hormonal changes (e.g., after childbirth, Menopause)
- Chronic illnesses (diabetes, heart disease, cancer) [Kendler et al. 2006; Sadock et al. 2017]

ii. **Psychological Factors**

- Early life trauma, chronic stress, or loss can increase vulnerability. Cognitive theories, like Beck's "Negative Triad" (negative views of oneself, the world, and the future), explain how learned patterns of negative thinking keep depressive states going [Beck - 1979].

iii. **Social and Environmental Factors**

- Childhood adversity and adverse childhood experiences (ACEs)
- Social isolation
- Poverty and deprivation
- Unemployment
- Domestic violence
- Discrimination
- Loss of loved ones
- Ongoing relationship issues are powerful triggers and maintainers. The 2024 UK statistics on deprivation show a clear link between high social deprivation and increased mental health issues [ONS - 2024; Public Health England - 2017).

5. Risk factors for depression

- Being female.
- Having a past history of depression

- Being older
- Personal, social, or environmental factors, such as relationship issues or breakdown, bereavement, stress, poverty, unemployment, homelessness, social isolation, or past history of child maltreatment.
- Postpartum period. See the CKS topic on Depression **[[NICE, 2009; NICE CKS, 2023]**
- Antenatal and postnatal for more information.
- Family history of depressive illness or suicide **[NICE, 2009; NICE CKS, 2023]**.
- History of other mental health conditions and/or substance misuse. **[NICE, 2009; NICE CKS, 2023]**

5.1 Risk factors for relapse of depression include

- ✓ Older age of onset.
- ✓ History of recurrent episodes of depression, particularly if frequent or within the past two years.
- ✓ Incomplete response to previous treatment, including residual symptoms.
- ✓ Unhelpful coping styles or behaviours, such as avoidance or rumination.
- ✓ History of severe depression (including severe functional impairment).
- ✓ Other chronic physical or mental health conditions, especially in the elderly.
- ✓ Ongoing personal, social, or environmental factor **[NICE, 2009; NICE CKS, 2023]**.

6. Clinical features

A diagnosis of a depressive episode (following ICD-10/ICD-11 criteria) requires the following:

- The presence of symptoms for at least 2 weeks (this may be less if depression is severe) [WHO, 2019; NICE, 2009].
- The symptoms are not attributable to other organic or substance causes (e.g. normal bereavement) [WHO, 2019; NICE, 2009].
- The symptoms impair daily function and cause significant distress [WHO, 2019; NICE, 2009].

Core symptoms

The three typical core symptoms of depression include:

- Low mood
- Anhedonia
- Lack of energy (anergia) [WHO, 2019; NICE, 2009].

Other core Symptoms

- ✓ Disturbed sleep: insomnia or hypersomnia
- ✓ Weight change
- ✓ Psychomotor retardation or psychomotor agitation
- ✓ Reduced libido
- ✓ Worthlessness or guilt feelings
- ✓ Decreased concentration
- ✓ Recurring thoughts of harm, death or suicide [WHO, 2019; NICE, 2009].

❖ 7. The Diagnostic Framework:

According to UK standards depression is diagnosed based on the presence of key symptoms lasting at least two weeks. It is categorized from mild to severe [NICE - 2022].

Key Symptoms:

- ✓ Persistent low mood.
- ✓ Loss of interest or pleasure in activities.
- ✓ Common Associated Symptoms: Sleep disturbance, changes in appetite, fatigue, feelings of worthlessness or guilt, poor concentration, and recurring thoughts of death or self-harm [NICE 2022].

Nursing Practice Point:

A diagnosis of depression requires that

a patient's functioning is persistently impaired. If a nurse notices that a patient who used to take care of themselves has become withdrawn and neglectful, this is an important clinical observation [NICE - 2022].

8. Types of depression

There are several types of depression which are as follow

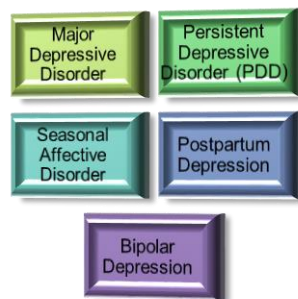


Figure 5: Types of Depression

1. Major Depressive Disorder (MDD)

Major Depressive Disorder (MDD), also known as clinical depression, is characterized by a persistent feeling of sadness and a lack of interest in activities once enjoyed.

2. Persistent Depressive Disorder (PDD)

Persistent Depressive Disorder is a chronic form of depression that lasts for at least two years.

3. Bipolar Depression

Bipolar disorder is a condition characterized by extreme mood swings, including episodes of depression and mania.

4. Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder (SAD) is a type of depression that occurs at specific times of the year, usually during the fall and winter months when there is less natural sunlight.

5. Postpartum Depression

Postpartum depression is a type of depression that occurs after childbirth. It is more severe than the “baby blues,” which many new mothers experience.

9. Complex Impacts

The burden of depression affects many aspects of a patient’s life. Evaluating its impacts requires looking at physical, psychological, and social aspects, as

well as the broader effects on families.

✓ **Physical**

Implications on the Individual

The division of mental and physical health is artificial; depression has serious physical effects.

- **Co-morbidity and Worse Physical Outcomes:** Patients with depression are less likely to follow treatments for other health issues, like medication for high blood pressure or dietary changes for diabetes. This can lead to worse physical health, more hospital visits, and higher overall mortality rates [Marmot - 2020].
- **Physiological Dysregulation:** Chronic depression is linked to

systemic inflammation and ongoing activation of the stress-response systems, which increase the risk of cardiovascular disease and metabolic syndrome [Raison et al. 2006].

- **The Problem of Pain:** Depression and chronic pain often coexist and worsen each other. Depression can intensify pain, and ongoing pain can lead to depression [IASP - 2020].

Nursing Practice Point: Depression can complicate recovery from serious physical illnesses. If a patient seems unmotivated to engage in physiotherapy after a stroke or surgery, depression might be an

unrecognized barrier
[Marmot – 2020].

✓ **Psychological**

Implications on the Individual

The psychological experience of depression involves deep suffering.

- **Internal Suffering:** Many individuals feel overwhelming worthlessness, emptiness, and hopelessness. These are not just thoughts; they are deep emotional states that can damage a person's self-image [Beck et al. - 1979].
- **Cognitive Distortion:** Clear thinking, concentration, and decision-making are often very impaired ("brain fog"). This can result in a patient being

unable to remember discharge instructions [Beck et al. - 1979].

- **Suicide and Self-Harm Risk:** Depression is the strongest risk factor for suicide. Thoughts of self-harm or ending one's life can become persistent and dominant [WHO - 2023; Samaritans - 2024].

✓ **Social Implications on the Individual**

Depression is just as much a social issue as a psychological one.

- **Social Isolation and Withdrawal:** The hallmark symptom of anhedonia often drives patients to avoid social interactions, work, and hobbies. Loneliness can further reinforce depression [Mental

Health Foundation - 2024].

- **Impact on Employment and Education:** For many individuals, depression leads to sickness-related absences and long-term disability, resulting in reduced income and financial difficulties [DWP - 2023].
- **Stigma and Discrimination:** Even with public awareness campaigns, stigma remains. Patients might fear being labeled, which keeps them from seeking help or telling employers about their condition [Time to Change - 2021].
- ✓ **Wider Implications on Families and Care Provision**

The effects of depression extend outward, deeply affecting the patient's support network.

- **Caregiver Burden:** Spouses, parents, and children often become informal caregivers. This responsibility can be emotionally draining, leading to "caregiver burnout," which includes stress and anxiety, and puts the caregiver at higher risk for depression [J Affect Disord].[J Affect Disord (various)]
- **Communication Breakdown:** The emotional numbness and withdrawal seen in depression can disrupt family dynamics. Partners may feel neglected, and children

may absorb the parent's depression.

- **Economic Strain on the**

Family: Lower household income due to the patient's illness, combined with potential healthcare expenses, creates significant financial strain.

10. Evidence based practice

Evidence-based practice (EBP) for depression treatment is mainly guided by the National Institute for Health and Care Excellence (NICE). Their recommendations come from thorough reviews of randomised controlled trials (RCTs), meta-analyses, and cost-effectiveness evidence [NICE,2022].



Figure 6: Evidence based practice

1. A key concept is the stepped-care model which means:

Start with least intensive treatment

“Step up” if symptoms persist or worsen.[NICE]

2. Evidence-Based Treatments (NICE Guidelines)

A. Less Severe Depression (Mild)

- ✓ First-line (strong evidence)
- ✓ Guided self-help (CBT-based)
- ✓ Group Cognitive Behavioural Therapy (CBT)

- ✓ Behavioural Activation (BA)

They are Clinically effective and Cost-effective [NICE].

Other supported options

- ✓ Mindfulness-based therapies
- ✓ Exercise programmes
- ✓ Interpersonal therapy (IPT) ([NICE][2])

B. More Severe Depression (Moderate–Severe)

- ✓ First-line (high-quality evidence)
- ✓ Individual CBT
- ✓ Behavioural therapies
- ✓ Combination: antidepressants + CBT
- ✓ Combination therapy often shows greater effectiveness than either treatment alone. ([NICE][2])

C. Pharmacological Treatments

(Medication)

Common evidence-based options:

- ✓ SSRIs (e.g., sertraline, citalopram) → first-line
- ✓ SNRIs, TCAs, mirtazapine (if needed) ([NICE][2])

D. Chronic or Treatment-Resistant Depression

Combination of:

- ✓ Psychological therapy + medication
 - ✓ Consider: Specialist referral
 - ✓ More intensive therapies
- Evidence suggests combined approaches may be more effective [NICE,2022]

E. Other Evidence-Based Interventions

Used in specific cases:

- ✓ Electroconvulsive therapy (ECT) → severe, life-threatening depression
- ✓ Lifestyle interventions (e.g., structured exercise)
- ✓ Recent large studies show exercise can significantly reduce depressive symptoms, usually as a complement to standard care.

11. Theoretical

Perspectives and Models

For an improved and consistent outcome in depression management, UK clinical practice is guided by specific evidence-based models. These provide frameworks to move away from reactive, fragmented care towards

proactive, patient-centred care.

11.1 UK Model:

- **The Stepped Care Model (NICE)**
- The Stepped Care Model is the foundational framework for mental health provision in the NHS (NICE Guideline NG222). It is designed to ensure that patients receive the most effective intervention first, delivered by the least intensive and most cost-effective means possible. [NICE (2022); NHS England (2023)]
- **Step 1:** All known and suspected presentations of depression. [NICE (2022); NHS England (2023)]

- **Focus:** Assessment, active monitoring, referral for advice.
- **Step 2:** Mild to moderate depression.
- **Focus:** Self-help/Guided self-help (e.g., computerised CBT), group CBT, support for physical health comorbidities. This is often delivered by the NHS Talking Therapies (formerly IAPT) program. [NICE (2022); NHS England (2023)]
- **Step 3:** Moderate to severe depression (non-responsive to Step 2).
- **Focus:** Full course of individual CBT, antidepressant medication, combined therapy. [NICE (2022); NHS England (2023)]
- **Step 4:** Severe and complex depression; risk to life.
- **Focus:** Crisis resolution /home treatment teams, inpatient admission, specialist psychiatric input, potentially ECT. [NICE (2022); NHS England (2023)]

11.2 International Model: The Chronic Care Model (CCM)

The Chronic Care Model (CCM), originally developed in the US by Wagner, is internationally recognized as a framework for transforming care from acute, reactive episodes into proactive, long-term condition management. It is highly applicable to depression management

when viewed as an LTC.
[Wagner et al. (1998)]

Key Components

Applied to Depression:

[Wagner et al. (1998)]

✓ **Health System**

Organization: Strong institutional commitment to mental and physical health integration.

[Wagner et al. (1998)]

✓ **Delivery System**

Design: Using non-physician staff (like specialized mental health nurses) to provide ongoing monitoring, education, and follow-up.

[Wagner et al. (1998)]

✓ **Self-Management**

Support: Empowering patients with depression to use self-care strategies, symptom trackers, and relapse

prevention plans.

[Wagner et al. (1998)]

✓ **Decision Support:**

Embedding evidence-based guidelines (like NICE) directly into clinical care through software prompts and training. [Wagner et al. (1998)]

✓ **Clinical Information**

Systems: Using electronic patient records to track and recall patients for regular reviews. [Wagner et al. (1998)]

✓ **Community Resources:**

Linking patients with local support groups, social prescribing, or employment support. [Wagner et al. (1998)]

✓ A diagram showing the six CCM [Wagner et al. (1998)]

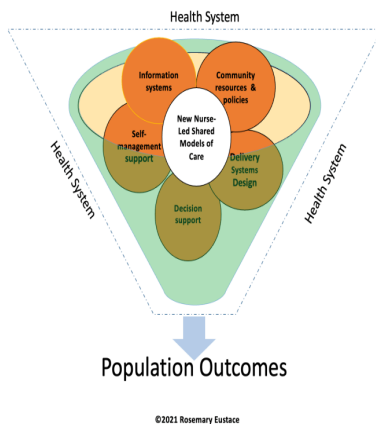


Figure 7: Chronic care model

12. Policies, Agendas, and Developmental Initiatives

Nurse practice in the UK is dictated by national political agendas and legislative frameworks. Recent years have seen a landmark shift towards mental and physical health integration.[DHSC (2024); UK Government (2025)]

Legislative Landscape:

The Mental Health Act 2025[DHSC (2024); UK Government (2025)]

A significant reform of the Mental Health Act (1983) gained Royal Assent in 2025. This legislation fundamentally shifts the landscape of psychiatric care, with critical implications for how nurses manage severely depressed patients who pose a risk to themselves or others. [DHSC (2024); UK Government (2025)]

❖ **Key Changes nurses must understand:** [DHSC (2024); UK Government (2025)]

Higher Thresholds for Detention: The criteria for detaining a patient

against their will (sectioning) have been tightened to ensure this only happens when strictly necessary and beneficial. [DHSC (2024); UK Government (2025)]

✓ **Therapeutic Benefit**

Test: A patient can now only be detained if there is a realistic expectation that appropriate medical treatment will deliver a specific therapeutic benefit (not just containment). [DHSC (2024); UK Government (2025)]

✓ **Increased Patient**

Choice: The Act grants patients more control over their treatment plan, with a stronger voice in who their "Nominated Person" is and increased

access to Second Opinion Appointed Doctors (SOADs) regarding compulsory treatment, such as medication or ECT. [DHSC (2024); UK Government (2025)]

✓ **The NHS Long Term Plan:**

Integration and Access
The NHS Long Term Plan continues to drive major service developmental initiatives, prioritizing improved access to mental health support for adults with depression. [NHS England (2019)]

Integrated Care Systems (ICS): The NHS has transitioned to ICS models, which are local partnerships designed to break down

barriers between hospital and primary care. ICSs aim to deliver joined-up care pathways, ensuring a patient's psychological needs are addressed alongside their physical health. [NHS England (2019)]

13. Recommendations for Nursing Practice and Person Centred Care

The goal of this knowledge is to refine the clinical practice of staff nurses, moving from assessment to compassionate, effective care provision. [NMC (2018); RCN (2023)]

Parity of Esteem: This is the principle that mental health must be valued equally to physical health. As a

nurse, this means treating a patient's hopelessness with the same urgency and lack of judgment as you would treat severe pain. Avoid language that minimizes the illness (e.g., "Just try and cheer up").[NMC (2018); RCN (2023)]

Assessment and Safety

Monitoring: For any patient with depression, assess risk regularly. Ask explicitly and sensitively about suicidal thoughts (e.g., "Do you sometimes feel so low that you've thought about ending your life?"). If risk is high, do not leave the patient alone and escalate immediately. [NMC (2018); RCN (2023)]

Observation Skills:

Depression often presents subtly. Be vigilant for non-verbal cues (e.g., reduced eye contact, flat affect, slower movement). [NMC (2018); RCN (2023)]

Implementation of Self-Management Strategies

Empowering the patient is critical for managing depression as an LTC. [Copeland (2002)]

Wellness Recovery

Action Plans (WRAP):

Nurses can support patients in creating WRAPs. This is a powerful, personalized self-management tool where the patient identifies their triggers, their early warning signs of a downturn, and the

concrete actions (e.g., going for a walk, calling a friend) they will take. [Copeland (2002)]

Use of Digital Health Tools:

Many NHS-approved digital applications and computerised CBT programs (approved by NICE) are available. Introduce these to patients as part of their self-management plan. [Copeland (2002)]

Paced Activation:

For patients with severe fatigue, recommend "behavioral activation"—starting with very small, manageable activities (e.g., sitting up for 10 minutes) and gradually increasing them to break the cycle of inactivity and

low mood. [Copeland (2002)]

Physical Health Care for Depressed Patients

This recommendation is paramount for staff nurses working in physical care settings. [Royal College of Psychiatrists (2023)]

Physical Health Checks

Research shows that people with SMI, including severe depression, die 15–20 years earlier than the general population. This excess mortality is largely driven by preventable physical conditions (e.g., cardiovascular disease). Nurses must conduct regular physical health checks (BMI, blood pressure, smoking

status, glucose levels) and provide health optimization advice. [Royal College of Psychiatrists (2023)]

Medication

Management:

Many antidepressants can have physical side effects (e.g., weight gain, drowsiness). Review a patient's whole medication profile to check for interactions.

14. End of care [Special Consideration]:

Depressed Patients in Palliative and End-of-Life Care Depression is underdiagnosed and undertreated in palliative care, often dismissed as "understandable sadness." However, clinical depression

significantly worsens the end-of-life experience.

Recognition of Depression vs.

Grieving: While grieving is normal, true clinical depression causes severe distress and can be diagnosed in palliative settings based on symptoms of worthlessness and severe hopelessness rather than physical somatic symptoms (like fatigue), which are expected at end of life.

Urgency of Treatment:

The distress caused by depression should be treated with the same pharmacological and psychological interventions (e.g., brief therapy) as any other symptom, even if the

patient's prognosis is short, as this vastly improves quality of life.

15. Conclusion

Depression is a profound burden for the individual, the family, and the NHS. However, equipped with an understanding of its impacts, theoretical models, and the recent changes in political and legislative frameworks like the Mental Health Act 2025, staff nurses are well-placed to make a difference. By implementing proactive physical health checks, supporting self-management, and practicing with genuine parity of esteem, nurses can ensure that individuals living with

depression receive the high-quality, person-centred care they deserve.

❖ REFERENCE

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA (2020). *Depression | Anxiety and Depression Association of America, ADAA*. [online] Adaa.org. Available at: <https://adaa.org/understanding-anxiety/depression>.

Arroll, B., Chin, W.Y., Moir, F. and Dowrick, C. (2018). An evidence-based first consultation for depression: nine key messages. *British Journal of General Practice*, [online] 68(669), pp.200–201. doi:<https://doi.org/10.3399/bjgp18X695681>.

Better Health Channel (2012). *Depression explained*. [online] Better Health Channel. Available at: <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/depression>.

Blackmore, S.J., Sijbrandij, M., Ayuso-Mateos, J.L., Bryant, R., Monzio Compagnoni, M., Gémes, K., Giltay, E.J., Kok, A.A.L., Lorant, V., Mediavilla, R., Haro, J.M., Kalisch, R., Melchior, M., Mittendorfer-Rutz, E., Nicaise, P., Petri-Romão, P., van der Waerden, J., Walter, H., Witteveen, A.B. and Penninx, B.W.J.H. (2026). Anxiety and Depressive Symptoms Before and During the COVID-19 Pandemic: A Longitudinal Network Analysis. *Depression and Anxiety*, 2026(1). doi:<https://doi.org/10.1155/da/9620883>.

Centers for Disease Control and Prevention (2023). *Mental health conditions: Depression and anxiety*. [online] CDC. Available at: <https://www.cdc.gov/tobacco/campaign/tips/diseases/depression-anxiety.html>.

Chen, M.-Y., Sun, H.-L., Feng, Y., Zhang, Q., Su, Z., Cheung, T., Malgaroli, M., Jackson, T. and Xiang, Y.-T. (2026). A Longitudinal Network Analysis of Depressive Symptoms Among Older Adults: Findings From an 8-Year Prospective China National Survey. *Depression and Anxiety*, 2026(1). doi:<https://doi.org/10.1155/da/3846758>.

Cleveland Clinic (2023). *Depression symptoms, causes, & treatment* . [online] Cleveland Clinic. Available at: <https://my.clevelandclinic.org/health/diseases/9290-depression>.

Dr Raghib Ali Chief Executive and Chief Medical Officer (2025a). *Revealed: what our data says about the UK's mental health*. [online] Our Future Health. Available at: https://ourfuturehealth.org.uk/news/2025-mental-health-statistics/?utm_source=chatgpt.com.

Dr Raghib Ali Chief Executive and Chief Medical Officer (2025b). *Revealed: what our data says about the UK's mental health*. [online] Our Future Health. Available at: https://ourfuturehealth.org.uk/news/2025-mental-health-statistics/?utm_source=chatgpt.com.

Dr Rudolf Cardinal, University of Cambridge Dr Cathy Walsh, Cambridgeshire and Peterborough NHS Foundation Trust and Dr Emanuele Osimo, Cambridgeshire and Peterborough NHS Foundation Trust Dr Laura Angco, NIHR ARC East of England Dr Rory Cameron, University of East Anglia (2023). *Steps towards more effective therapies for treatment-resistant depression*. [online] ARC East of England. Available at: <https://arc-eoe.nihr.ac.uk/news-blogs/news-latest/steps-towards-more-effective-therapies-treatment-resistant-depression> [Accessed 18 Mar. 2026].

Dr Zoe Williams (2025). *Depression | Health Information | Bupa UK*. [online] www.bupa.co.uk. Available at: <https://www.bupa.co.uk/health-information/mental-health/depression>.

Higuera, V. (2023). *Depression: Types, Causes, Treatment, and More*. [online] Healthline. Available at: <https://www.healthline.com/health/depression>.

Kaur, H. and updated, D.F.H. health·Last (2022). *Depression | Clinical Features | Diagnosis | Geeky Medics*. [online] Dr Nusrat Khan Clinical Associate Professor and Consultant Psychiatrist Newcastle University Dr Kimberly Kendall ST5 General Adult Psychiatry Dr Chris Jefferies. Available at: <https://geekymedics.com/depression/> [Accessed 6 Oct. 2022].

Mark Haddad, Philip Boyce. (2026). *Fast facts: Depression*. [online] Uwtsd.ac.uk. Available at: https://librarysearch.uwtsd.ac.uk/discovery/fulldisplay?context=L&vid=44WHELF_UWTSD:44WHELF_UWTSD_VU1&search_scope=MyInst_and_CI&isFrbr=true&tab=Everything&lang=en&docid=alma99100630241602421 [Accessed 19 Mar. 2026].

Mental Health Foundation (2022). *Depression*. [online] www.mentalhealth.org.uk. Available at: <https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/depression>.

Mental Health Matters (2023). *Stepped Care*. [online] Mental Health Matters. Available at: <https://www.mhm.org.uk/Pages/FAQs/Category/stepped-care>.

Mental health UK (2020). *Types of depression - Mental Health UK*. [online] Mental Health UK. Available at: <https://mentalhealth-uk.org/help-and-information/conditions/depression/types-of-depression> [Accessed 20 May 2025].

Mind (2019a). *Depression*. [online] Mind.org.uk. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/about-depression/>.

Mind (2019b). *Treatments*. [online] Mind.org.uk. Available at: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/depression/treatments/>.

MQ Mental health research (2024). *Funding World-Class Research | MQ Mental Health Research*. [online] MQ Mental Health Research. Available at: <https://www.mqmentalhealth.org/our-work/>.

National Collaborating Centre for Mental Health (UK) (2010). *The classification of depression and depression rating scales/questionnaires*. [online] www.ncbi.nlm.nih.gov. British Psychological Society. Available at: <https://www.ncbi.nlm.nih.gov/books/NBK82926/>.

NHS (2023a). *Overview - Depression in adults*. [online] NHS. Available at: <https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/>.

NHS (2023b). *Symptoms - Depression in adults*. [online] NHS. Available at: <https://www.nhs.uk/mental-health/conditions/depression-in-adults/symptoms/>.

NHS (2025). *Revealed: what our data says about the UK's mental health*. [online] Our Future Health. Available at: <https://ourfuturehealth.org.uk/news/2025-mental-health-statistics/?hl=en-IN> [Accessed 18 Mar. 2026].

NHS England (2023). *NHS talking therapies, for anxiety and depression*. [online] www.england.nhs.uk. Available at: <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/>.

NHS Inform (2023). *Depression Symptoms and Treatments*. [online] www.nhsinform.scot. Available at:

<https://www.nhsinform.scot/illnesses-and-conditions/mental-health/depression/>.

Place, E. and Place, E. (2022). *Understanding the Recovery Model*. [online] Eli's Place. Available at: <https://elisplace.org/understanding-the-recovery-model-how-is-it-different-from-the-traditional-approach/>.

Priory Group (2025). *Depression Statistics*. [online] Priory. Available at: <https://www.priorygroup.com/mental-health/depression-treatment/depression-statistics>.

Psychology today (2025). *Depression*. [online] Psychology Today. Available at: <https://www.psychologytoday.com/gb/basics/depression/amp>.

Rachael Heades Senior mental health & addictions writer (2025). *Types of Depression*. [online] Priory. Available at: <https://www.priorygroup.com/mental-health/depression-treatment/types-of-depression>.

Robinson, L. and Smith, M. (2020). *How to Stop Self-Medicating Depression, Anxiety, and Stress*. [online] HelpGuide.org. Available at: <https://www.helpguide.org/mental-health/addiction/self-medicating>.

Sawchuk, C. (2022). *Depression (Major Depressive Disorder)*. [online] Mayo Clinic. Available at: <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>.

Victoria J. Barr, PhD (2021). *The Expanded Chronic Care Model*. [online] Nursology. Available at: <https://nursology.net/nurse-theories/the-expanded-chronic-care-model/>.

World Health Organization (2025). *Depressive disorder (depression)*. [online] World Health Organization. Available at: <https://www.who.int/news-room/fact-sheets/detail/depression>.

YCU Advanced Medical Research Center (2026). *Brain scans reveal how ketamine quickly lifts severe depression*. [online] ScienceDaily. Available at: <https://www.sciencedaily.com/releases/2026/03/260307213234.htm>.

Young Minds (2021). *Depression | Signs & Symptoms of Depression*. [online] YoungMinds. Available at: <https://www.youngminds.org.uk/young-person/mental-health-conditions/depression/>.