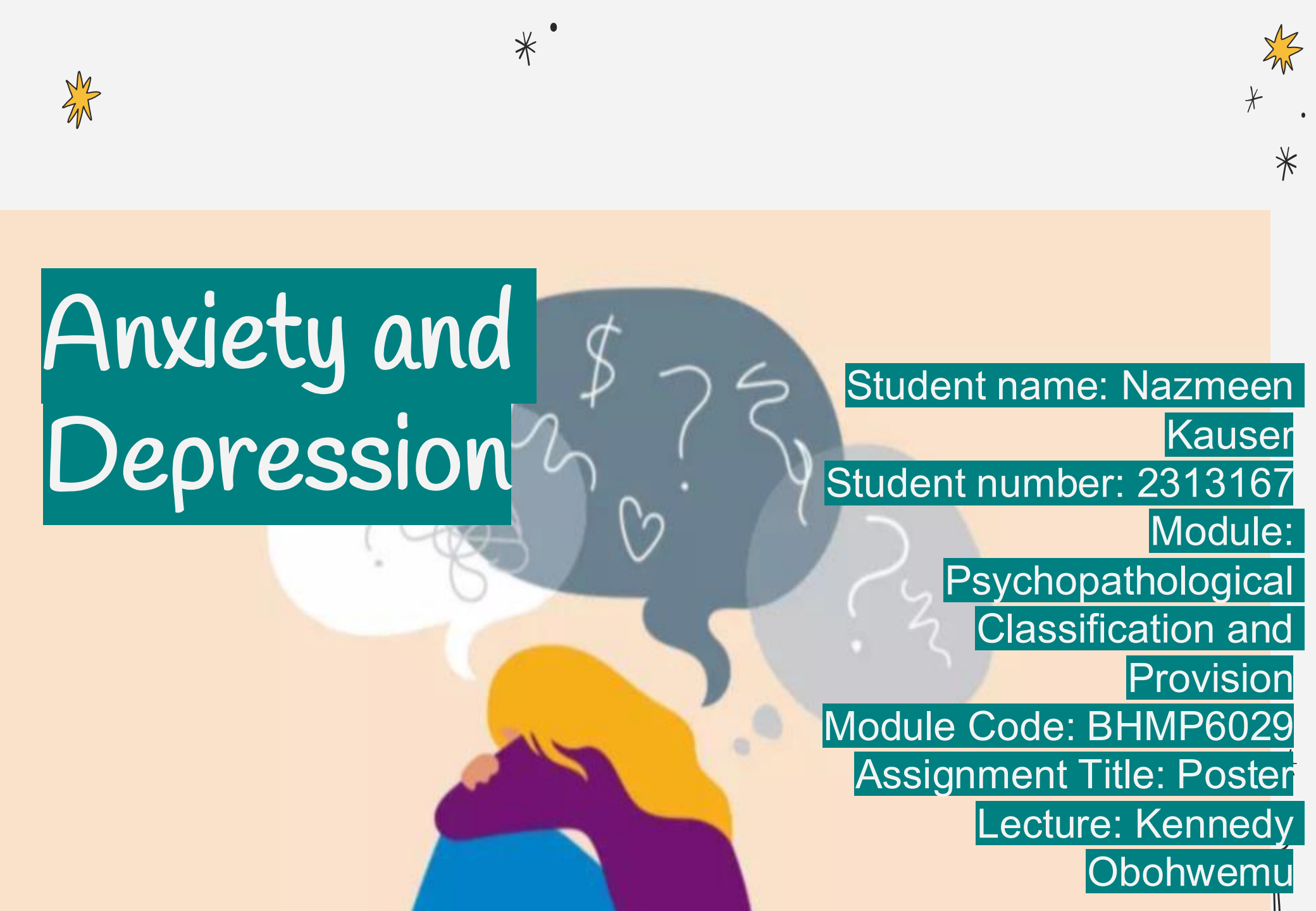


The background of the slide features a light orange gradient. In the top left, there is a yellow star. In the top center, a black asterisk and a small black dot. In the top right, a yellow star, a black asterisk, and a small black dot. Below these, a stylized illustration of a person with long blonde hair, wearing a purple top and a blue skirt, is shown from the back. Above their head are several thought bubbles: a large dark grey one containing a dollar sign, a question mark, and a heart; a smaller light grey one with a question mark; and a white one with a heart. The main title is on a dark teal rectangular background.

Anxiety and Depression

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Module:

Psychopathological
Classification and
Provision

Module Code: BHMP6029

Assignment Title: Poster

Lecture: Kennedy
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Anxiety and Depression

Introduction

Anxiety and depression are two of the most prevalent mental health disorders globally.

ICD-11 classifies them under "Mental, behavioural or neurodevelopmental disorders" (Chapter 6).

High comorbidity, major contributor to global disability (WHO, 2019).

Contemporary Classification

Depression means persistent sadness, anhedonia, cognitive and somatic symptoms.

Anxiety can be defined as excessive fear, worry, and avoidance behaviours.

ICD-11 places emphasis on symptom duration, functional impairment, and cultural context.

Recommendations

Greater integration of mental and physical health services.

Culturally sensitive diagnosis and treatment.

Investment in prevention and early intervention.

Policy: Increase parity of esteem between mental and physical health.

Reduce stigma via education and workplace mental health initiatives.

Historical Context

Ancient views: "melancholia" (Hippocrates – imbalance of humours).

Seen as "nervous disorders"; treatments included asylums, rest cures, and moral therapy.

Early psychiatry: Freud linked depression to unresolved grief/conflict; anxiety linked to unconscious fears.

Stigma: Often labelled as weakness or "female hysteria."

Social, Cultural and Political Contexts

Stigma remains high despite awareness campaigns (Time to Change, WHO).

Inequalities: Access differs by socioeconomic status, race, and gender.

Political policies: Mental health now central in UK policy (NHS Long Term Plan, 2019).

Cultural variations: Symptoms expressed differently across cultures; e.g., somatic complaints more common in collectivist societies.

Challenges & Critiques

Over-medicalisation vs. under-diagnosis debates.

Pharmacological dominance in treatment.

Underfunded mental health services relative to physical health.

Digital divide in tele-mental health access.

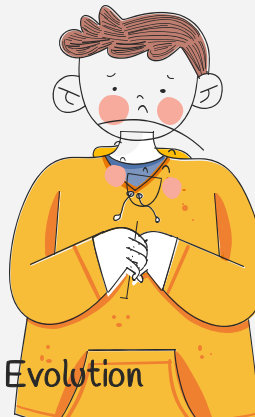
Treatment Evolution

Historical: Electroconvulsive therapy (still used today, but more humane/controlled).

Pharmacology: Antidepressants (SSRIs, SNRIs), anxiolytics.

Psychotherapies including CBT, psychodynamic therapy, mindfulness.

NHS IAPT (Improving Access to Psychological Therapies), stepped-care models, tele-mental health.



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