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Component 2 – Written Report

DEPRESSION

Introduction

Depression is a long-lasting low mood that can change how someone feels, thinks and manages everyday life. It is more than just feeling down for a few days, because the symptoms can continue for weeks or months and start to interfere with normal routines and responsibilities (NHS, 2021). People with depression often feel very low or empty, lose interest in activities they used to enjoy, feel tired most of the time and notice changes in sleep and appetite. Concentration can be poor and some people may have thoughts of self-harm (WHO, 2025). Depression is seen as a major public health issue because it can affect education, work, relationships and physical health as well as mental health (WHO, 2025). Globally, it affects hundreds of millions of people and is one of the main causes of disability (WHO, 2025). In the UK, it is also described as one of the most common mental health problems in adults, showing how serious and widespread it is (NHS, 2021)

Measuring and monitoring depression

In daily practice, depression is usually identified through talking with the person rather than using blood tests or scans. A GP, nurse or mental health professional will ask about mood, sleep, appetite, energy levels and concentration, and check if there have been any thoughts of self-harm or suicide. They also ask how long these problems have been happening and how much they are affecting everyday life at home, in education or at work (NHS, 2021). From this information, they judge whether the depression is mild, moderate or severe and what sort of support might be most helpful, for example self-help, talking therapies, medication or urgent specialist care (NICE, 2022).

Short questionnaires are often used to support this assessment. These tools list a range of symptoms and produce a score that gives a rough idea of how severe the depression is at that point in time (NICE, 2022). People may complete them at the start of treatment and then again at later appointments. Comparing scores over time makes it easier to see whether symptoms are improving, staying the same or getting worse, and helps professionals decide whether to continue with the same plan or change it (NHS England, 2018).

At a wider level, depression is monitored through national and local surveys which collect information from large groups of people. These surveys show how common depression is in different age groups, regions and social backgrounds and highlight links with factors such as unemployment, poverty and long-term illness. This type of information helps the NHS and other organisations plan services and decide where extra support is needed (NICE, 2022).

How depression is controlled

Managing depression usually involves several steps: recognising the problem early, offering suitable treatment, trying to prevent relapse and supporting mental health in the community. Early recognition matters because getting help sooner can reduce how severe symptoms become and limit the impact on daily life (NHS, 2021). When someone talks to a professional about their mood, they work together to agree a plan based on the severity of symptoms, any past episodes and the person's preferences (NICE, 2022).

For milder depression, guidance often recommends starting with low-intensity support. This can include "watchful waiting" with regular reviews, advice on sleep and physical activity, and guided self-help such as online programmes or booklets based on cognitive behavioural ideas (NICE, 2022). These options can be enough for some people and can help them understand their own triggers and build coping strategies.

When depression is moderate or severe, more structured support is usually needed. A combination of talking therapy and antidepressant medication is commonly offered (NHS, 2021). Psychological therapies such as cognitive behavioural therapy aim to help people challenge unhelpful thoughts, change behaviour patterns and gradually rebuild confidence. Antidepressant medication can reduce symptoms like low mood and anxiety, especially when depression is more disabling. Medication needs regular review to check that it is working and to monitor any side effects (NICE, 2022). Some people may also be referred to specialist mental health teams if there is higher risk or if earlier treatment has not helped enough.

Preventing depression from returning is another important part of control. Many people experience more than one episode, so relapse prevention is a key goal (NICE, 2022). This might involve continuing medication for a time after symptoms improve, recognising early warning signs and having planned follow-up appointments. At a broader level, work in schools, workplaces and communities aims to reduce long-term stress, isolation and other risk factors, which can help lower overall rates of depression (WHO, 2025).

Consequences of depression in the community

Depression has many consequences that go beyond the individual symptoms. For the person affected, everyday tasks can start to feel like a huge effort. Getting out of bed, keeping up with personal care, attending college or work and staying in touch with friends can become very difficult. Problems with concentration and memory can make studying and job performance harder, leading to missed deadlines, lower marks or time off sick. Over time, this may reduce someone's confidence and limit future opportunities.

Relationships can also be affected. People with depression might withdraw from family and friends, find it harder to communicate or become more irritable, which can be confusing and upsetting for those around them. Family members and carers often feel worried and under pressure, especially if the depression has been going on for a long time. When a parent is depressed, children may experience changes in routines, emotional support and financial stability at home.

At a wider level, depression increases demand on health and social care services. It is linked with other long-term conditions, such as heart disease and diabetes, which can make treatment more complex and more costly (WHO, 2025). There are also economic impacts, including reduced productivity, unemployment and greater use of welfare support. In the

most serious cases, depression is associated with self-harm and suicide, which has a devastating effect on families, friends and communities (WHO, 2025). Stigma remains another significant consequence. Some people still view depression as laziness or weakness rather than a real health condition. This can make individuals feel ashamed or worried about being judged, so they may keep their feelings to themselves or delay seeking help (NHS, 2021). Tackling stigma through education and open discussion is therefore an important part of reducing the overall burden of depression.

Health and social care support services

Because depression can affect many aspects of a person's life, people often need help from more than one service. In the UK, primary care is usually the first point of contact. GPs and practice nurses can listen to concerns, assess symptoms, give initial advice, prescribe medication if appropriate and refer on to other services (NHS, 2021). This makes primary care an important "gateway" into the wider mental health system.

NHS Talking Therapies services offer psychological treatments for adults with anxiety and depression (NHS England, 2018). They provide options such as guided self-help, one-to-one CBT and group therapies. In many areas, people can refer themselves online or by phone, which can make support easier to access and may feel less intimidating. These services are an important part of care for people with mild to moderate depression and for those who prefer therapy.

For people with more severe, complex or long-term depression, community mental health teams may become involved. These teams usually include psychiatrists, psychologists, community psychiatric nurses, social workers and occupational therapists (NICE, 2022). They can provide more detailed assessment, more intensive therapy, medication reviews and practical help, particularly where risk is higher or earlier treatments have not been effective.

Social care and the voluntary sector also play a key role. Some individuals with depression need support with housing, money, employment or everyday tasks. Local authorities, charities and community groups can offer practical help, information and opportunities to connect with others. For students, university counselling and wellbeing services, peer support schemes and student societies can reduce isolation and help them stay engaged with their studies.

Conclusion

Overall, depression is a common but serious mental health condition that has a strong impact on how people feel, think and function in daily life (WHO, 2025; NHS, 2021). It is usually recognised through careful conversations and simple questionnaires rather than medical tests, and is monitored over time to see how well treatment is working (NICE, 2022; NHS England, 2018). Managing depression involves early recognition, appropriate psychological and medication-based treatments and planning to prevent future episodes, alongside wider efforts to support mental wellbeing in the community (NICE, 2022; WHO, 2025). The condition has major effects on individuals, families and society, including on education, work, physical health and use of services. Because of this, effective support needs to involve the whole system of care, including primary care, NHS Talking Therapies, specialist mental health teams, social care and community organisations (NHS England, 2018). When these services work together, people with depression are more likely to receive timely help, recover and maintain a better quality of life.

Reference list

NHS (2021) Overview – Depression in adults. Available at:

<https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/>

NHS England (2018) NHS Talking Therapies for anxiety and depression: manual. Available at: <https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapiesmanual/>

NICE (2022) Depression in adults: treatment and management (NG222). London: National Institute for Health and Care Excellence. Available at:

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

World Health Organization (2025) Depressive disorder (depression). Available at:

<https://www.who.int/news-room/fact-sheets/detail/depression>