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Lecturer	Itse Olaoye Brian Mashumba
Student Name	Sahid Shabbir Ahmad Bhaiyat
Student ID	2525517

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Task 1: Social Epidemiological Analysis

Title: Exploration of Health Inequalities Among UK Adults with Disabilities

Introduction

Disability is the condition of people that limits their ability to perform on their regular activities, while health inequalities come from societal determinants that affect access to health care (Smythe et al., 2026). In the UK, approximately 16.8 million people are categorised as disabled as of 2023-2024, indicating 25% of the total population (UK Parliament, 2025). Another report also shows that the prevalence of disability is significantly higher among adults in the UK (UK Parliament, 2025). Despite this significant number of disabled adults, they are facing persistent health inequalities.

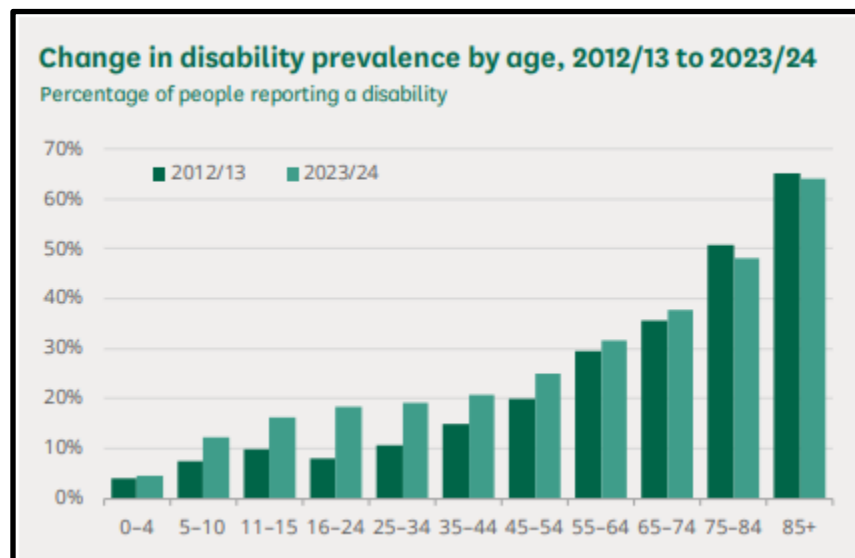


Figure 1: Prevalence of Disability among UK Adults
(Source: UK Parliament, 2025)

As the prevalence of disability among adults is high in the UK, these segments are selected as a targeted group. People with disabilities are often excluded from the societal environment, including negative attitudes, while physical and economic factors contribute to the same (Baart et al., 2023). Poor health outcomes among disabled adults are not solely caused by disability, rather structural inequalities and systematic barriers significantly contribute to health inequalities.

Contextual background and underlying factors

Three diseases/illness

Mental health disorder

Adults with disabilities have significantly higher rates of mental health disorders like stress, depression, and anxiety compared to people without disabilities. Nearly 47% of disabled adults are suffering from mental health illness in the UK (UK Parliament, 2024). Disabled adults with mental health issues often encounter greater barriers in accessing mental health services due to social exclusion and discrimination, creating health inequalities (Umucu et al., 2025). To overcome these inequalities, it is required for healthcare organisations to implement disability-inclusive health policy (Osuna et al., 2026). Hence, it requires combining health policy intervention with broader social policy that can help to deal with health inequalities. Improve the mental health conditions of disabled adults.

Diabetes

The risk of Type 2 Diabetes is one of the key factors that affects people with disabilities. It is seen that disabled people have an unhealthy lifestyle, including poor nutrition and limited physical activity, which lead to the prevalence of obesity due to societal factors (Jung et al., 2020). In this regard, a study found that financial distress creates challenges for disabled people in taking healthy food options and accessing better health care, exacerbating diabetes. This indicates that inaccessible environments limit individuals' ability to engage in healthy behaviors and restrict them from adopting health-promoting choices. Hence, public health initiatives, which include affordable options for accessing high-quality health care facilities contribute to address Type 2 diabetes.

Cardiovascular disease (CVD)

CVD, including stroke and heart disease, is highly prevalent among disabled people. People with severe mental health illness (caused by disability) have nearly 53% greater chances of having CVD, while 85% of chances in mortality (NHS England, 2026). Adults with disabilities are more prone to experiencing CVD as healthcare providers often hold misconceptions about supporting patients with disabilities and delays in care, thereby patients are unable to access appropriate care, signifying inequities (Jerome and Lilly, 2024). Additionally, delayed diagnosis and limited access to healthcare are responsible for causing CVD among disabled adults. The healthcare setting must focus on providing education and training to healthcare workers, which increases their knowledge of disability. By doing so, this will embrace inclusive communication skills, address negative attitudes, and maintain equality, which increases their health outcomes (Gréaux et al., 2023).

Three social issues

Social Isolation and Loneliness

People with disabilities experience a higher level of social isolation and loneliness as they narrate a sense of bodily difference, which is disconnected from social standards (Tarvainen, 2021). Disabled adults are more likely to report loneliness in relation to non-disabled people due to barriers in social participation, stigma, and mobility limitations (Emerson et al., 2021). Based on this, in the UK, nearly 40% (2 out of 5) individuals with disabilities are experiencing loneliness in relation to 29% of the general population, while 14% reported they do not have any close friends (Bloomer, 2024). It indicates that disabled people lack of social support and encouragement causes loneliness. To address these social issues, community-based policy intervention can be effective to increase social support and embrace opportunities for social contact for adults with disabilities (Gómez-Zúñiga et al., 2023).

Poverty

People with disabilities often belong to lower socio-economic backgrounds (poverty), which is a crucial factor of social determinants of health (Lindsay et al., 2025). In the UK, nearly 28% of individuals with disabilities are living in poverty compared to 20% without disabilities (Family Fund, 2026). It indicates that they often face social discrimination and lack of job opportunities, which might create financial constraints. Additionally, they need to access extra expenses for healthcare including additional transportation, and medical costs which they are unable to access that have a negative impact on their health (Banks et al., 2021). To reduce these inequalities, investing in affordable and accessible health services can enable people with disabilities to access them easily.

Lack of accessibility

People with disabilities often face a lack of accessibility issues, increasing disability impairments. Disabled people face obstacles to access transportation, and also visually impaired or hearing impaired people have limited ability to access technology, which facilitates mobility (Karolemeas et al., 2026). Around 24% of the UK have mobility impairments who are facing a lack of accessibility features for their health care services (Rehcare International, 2024). Providing tailored support and digital accessibility can help people with disabilities to access healthcare services. ■

National Response to reduce health inequalities of disabled adults

The UK government has embraced the National Disability Strategy launched by 2021, which aims to improve the lives of adults with disabilities by providing accessible transportation and socialising opportunities (UK Parliament, 2025). Also, the UK's Equality Act 2010, which emphasises the requirements of supporting adults with physical and mental disability by

reducing inequalities (Gov. UK, 2026). Additionally, the UK government provides financial support by initiating Employment and Support Allowances (ESA) for people with disabilities (Gov. UK, 2026).

Organisations that support chosen group

In the UK, the Disability Charity Scope initiated an awareness campaign to tackle the injustice of disabilities of adults with disabilities and transform their attitudes (Scope, 2026). With this campaign, the organisation provides advice and support through online community forums and free helpline facilities to ensure equal opportunities and reduce health inequalities of disabled adults (Scope, 2026a). Although, funding constraints may restrict the charity's effectiveness to provide support to disabled adults. Securing government and public grants can mitigate their financial constraints and enable them to provide long-term support for disabled adults (Gomes and Stavropoulou, 2019).

Conclusion

To conclude, this report has explored the topic of adults with disabilities, who suffer health inequalities due to social injustice and discrimination. Additionally, disabled adults might be at greater risk of depression, diabetes and CVD, which are interrelated with several social issues, including isolation, poverty, and limited accessibility. The UK's National Disability Strategy and the Equality Act 2010 is embraced to encourage disabled people, while Disability Charity Scope launched an awareness campaign to reduce disabled people's health inequalities.

Task 2: Epidemiological Analysis

Introduction

Definition

As a public health problem, depression is the most common health issue across the UK and worldwide, which is classified as a non-commutable disease. As per the opinion of WHO (2025), depression is associated with disability that raises psychological conditions, such as stress, anxiety, and behavioural disorders.

Social, cultural, and health consequences

Socially, individuals with depression due to disabilities face unemployment, exclusion, and limited access to education, which leads to isolation and low self-esteem (Yang et al., 2024). Disabled people face discrimination, which limits their participation in society, leading to increased inequality. Culturally, disability and mental health issues, including stress and anxiety, discourage help-seeking behaviours, where they might feel shameful due to their physical conditions (Yang et al., 2024). Thus, depression includes cultural consequences, which often lead to isolation. In health perspectives, individuals with disabilities are more likely to experience mental health conditions, such as depression and anxiety, which cause negative health status and quality of life (WHO, 2025).

Prevalence level of depression

The prevalence of depression among people with disabilities signifies the severity of the global issue. According to Ghimire and Mishra (2025), around 322 million adults worldwide are living with depression, which is mainly caused by disability.

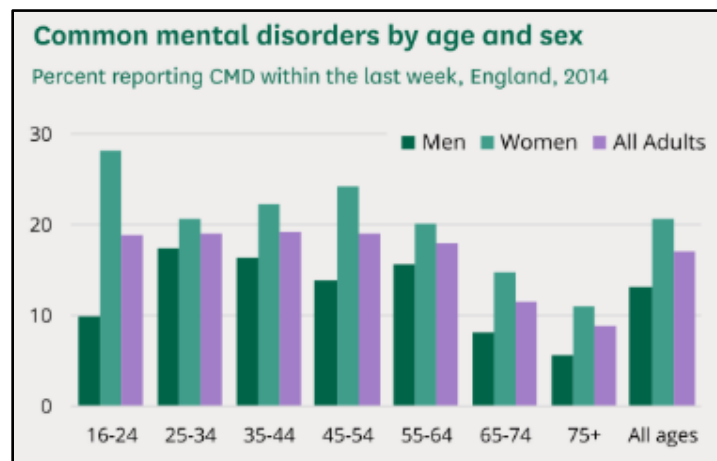


Figure 2: Prevalence of depressions
(Source: UK Parliament, 2024)

In the UK, around 47% of disabled adults are living with depression (UK Parliament, 2024). Therefore, the worldwide and the UK statistics highlight the urgent need for strategic interventions, along with integrated care to address and mitigate the public health burden.

Public health measures - The 3 P's

Considering the 3P's, depression can measure within the target population through the three stages, which are:

Prevention: To contain and manage depression, schools and universities in the UK introduce depression prevention programmes, which help adult individuals to detect psychological distress among disabled people (Cogan et al, 2025). Moreover, organising these programmes are crucial for prevention, as it helps to provide community-based care by enhancing resilience by reducing stigma (Jiang and Tang, 2025). Thus, this strategy is suitable for prevention.

Protection: Establishing suicide prevention policies by the UK Government, such as the National Suicide Prevention Strategy for England, protects and treats depression-oriented issues by cultivating a supportive environment, which ultimately contributes to improving the access to care. Besides this, prioritising anti-discrimination laws (the Equality Act 2010) also aims to reduce the negative impact of depression by ensuring equitable care for the target population (OHCHR, 2026).

Promotion: To reduce and control the impact of depression, increasing public health awareness is a suitable way. Increasing public awareness through promoting campaigns and community-based initiatives, such as Mind Plans helps to reduce the health issue by improving the mental well-being of the target population and reducing their stigma (NHS UK, 2026). However, despite taking initiatives, the prevention of depression is not so effective, which continuously increases the number of disabled individuals with depression that needs more effective strategy implementation. Therefore, although the 3P's sometimes neglect socio-environmental factors, applying this model provides a comprehensive framework and guidance to contain, manage, treat and reduce depression across adult individuals in the UK.

Determinants / Risk Factors

Individuals with disabilities mainly suffer from depression, which is influenced by several correlated determinants. Social isolation is a major determinant, as limited communication barriers can reduce participation in community life, which leads to loneliness and depression (Brandt et al., 2022). Similarly, discrimination and stigma further cause psychological distress by reducing self-esteem. Economic disadvantage is also a determinant, as people with disabilities often face unemployment, increases financial stress and anxiety among individuals that lead to depression (Yang et al., 2024). Moreover, lack of social support from family members can cause

vulnerability, which makes individuals more inclined to depression. Therefore, it is essential to address and reduce the determinants to prevent depression.

Epidemiological studies and needs assessment

Disabled adults are highly vulnerable to depression, while people without disabilities due to social disconnection and isolation, which impacts their overall quality of life. It seems that people with disabilities from rural areas in the UK are mostly affected by the disability, which causes depression (Gov. UK, 2026a). In the UK, disabled adults (nearly 39%) and disabled women (nearly 43%), are at higher risk of depression (Office of National Statistics, 2021).

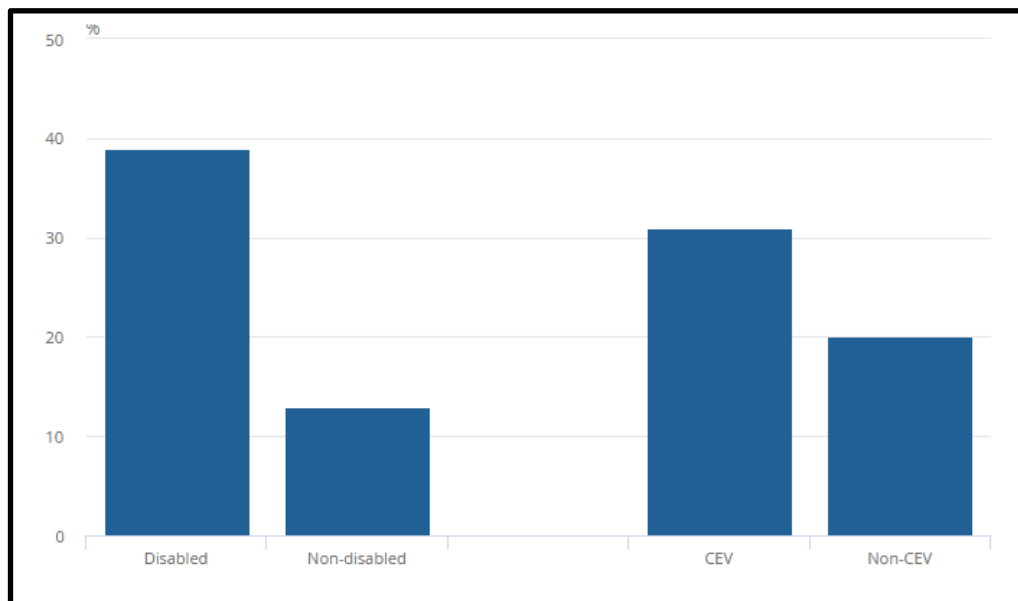


Figure 3: Prevalence of depression among disabled adults
(Source: Office of National Statistics, 2021).

Additionally, London people living alone or in residential areas are at risk of disabilities with 40% affected by depression (London City Hall, 2026). Adults with disabilities face environmental barriers and stress related to poverty and limited accessibility to appropriate health care, leading to depression (Karki et al., 2023). As disabled adults are facing depression, they are required continuous support from family members and others to perform with full potential personal activities by avoiding environmental or physical barriers (Ghimire and Mishra, 2025). Additionally, reinforcing the need for psychological care for adults with disabilities including mental health support and proactive screening is effective to combat depression and increase self-esteem (Saleh et al., 2026). Hence, disabled adults are at higher risk of depression due to poverty, stress and societal factors, by which they need social and mental health support for better outcomes.

Surveillance systems

In the UK, there are several public health approaches to monitor depression, which are mainly focused on early detection and population-level surveillance. For example, the National Health Service (NHS), the UK healthcare organisation implemented comprehensive monitoring to track depression trends through surveys, such as the Adult Psychiatric Morbidity Survey (APMS) (NHS England Digital, 2025). Using this systematic survey helps to recognise mental health issues among adults by collecting and analysing longitudinal data on the prevalence of mental illness, including addiction, depression, and anxiety (NHS England Digital, 2025).

Besides this, integrating care systems is another public health approach in the UK, where healthcare organisations offer primary care settings. For instance, the NHS introduced “NHS talking therapies for anxiety and depression”, where the organisation provides therapy services for adults who are struggling with depression (NHS England, 2026). Moreover, the healthcare organisations of the UK also provide primary care and GP Monitoring for depression through implementing the quality and outcomes frameworks (NHS England, 2026). However, although there are several monitoring processes available in the UK, the adults in this country are significantly facing depression-related challenges because of disabilities. Therefore, the healthcare organisations in the UK need to be more focused on developing surveillance systems to reduce the impact of depression among adults.

Short-term and long-term consequences

Considering the epidemiology, experiencing depression among adults because of disabilities creates multiple short-term and long-term consequences. In the short-term, facing depression increases emotional distress among adults, where they mostly experience persistent sadness, hopelessness, and unexplained anger (Yang et al., 2024). In addition, short-term depression also leads to reduced work opportunities, where disabled adults face unemployment (Yang et al., 2024). Similarly, for adults who suffer from depression long-term with disabilities, there is a high chance of causing cardiovascular issues, including heart attack, high blood pressure, and other heart diseases (Vaccarino et al., 2025). Having long-term depression may also create an economic burden for adults and due to unemployment, they can face limitations in spending money for further treatment. Therefore, depression has both short-term and long-term consequences, which need to be solved for ensuring better health outcomes for disabled adults.

Intervention design and evaluation

Epidemiological data and health needs assessment shows that disabled adults have a high prevalence of depression. To address this risk, a community-based mental health intervention

programme is suggested within the UK's rural areas, including London. Firstly, this programme will carry out Screening to recognise which disabled people are at risk of depression. Psychological counseling through face-to-face and online sessions will be provided to manage depression of disabled adults (Asdaq et al., 2024). Additionally, encouraging a peer support system will enable disabled people, impactful in reducing social exclusion, social isolation, and loneliness. Lastly, social prescription can be incorporated by linking participants to community-based activities which support their mental health, enhance social engagement, and better to access treatment (Buechner et al., 2023). Moreover, this will enhance early detection of depression and provide accessibility of treatment by mitigating the heightened risk of depression among disabled adults, especially those who are experiencing poverty and social isolation within the UK.

Strengths and limitations

In the UK, healthcare organisations such as the NHS address depression among adults with disabilities by analysing data on the population to understand the high-risk group (disabled adults) who are vulnerable to depression. For example, the Adults Psychiatric Morbidity Survey (APMS) measures health conditions in UK adults (NHS England Digital, 2025). However, the NHS may be unable to fully capture the needs of people living in poverty and may face societal barriers, especially in rural areas. These are key limitations of the health care organisation in providing full support to adults with disabilities from the lower economic class, which causes depression.

Conclusion

To conclude, the study has demonstrated an epidemiological analysis of depression, which has highlighted the social, health, and cultural consequences, where UK's disabled adult people experience depression. The analysis also highlighted that through the help of the UK government, healthcare organisations, including NHS, took multiple initiatives and implemented surveillance systems, such as the APMS, the NHS talking therapies, and Mind Plan. However, to introduce more effective prevention of depression for disabled adults, the analysis has suggested promoting a community-based mental health intervention programme. It can help to address adult individuals in London who suffer from depression and provide them adequate support for prevention.

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