



Prifysgol Cymru
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University of Wales
Trinity Saint David



BMHP 6006

Mental Disorders and Psychopathology

WEEK 6 Depression

Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



www.uwtsd.ac.uk

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Plan for today

Depression

Mani-debate
on the use of
medication

Assignment
Component 2



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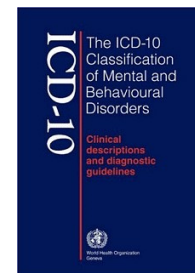
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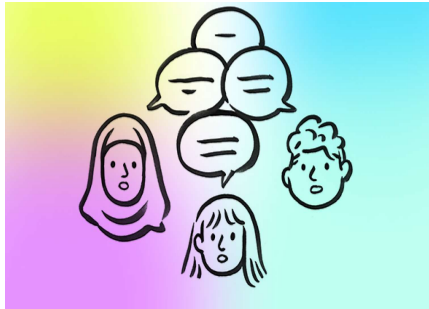
Learning objectives for depression

- Identify the classification of Depressive episode within ICD-10.
- Explain causes, symptoms, diagnosis of Depressive episode
- Analyse how treatments for Depressive episode have evolved through time.
- Evaluate principles of care when working with people with Depressive episode

Classification of Depressive episode within ICD-10



- Mood [affective] disorders (F30-F39).
- *'This block contains disorders in which the fundamental disturbance is a change in affect or mood to depression (with or without associated anxiety) or to elation. The mood change is usually accompanied by a change in the overall level of activity; most of the other symptoms are either secondary to, or easily understood in the context of, the change in mood and activity. Most of these disorders tend to be recurrent and the onset of individual episodes can often be related to stressful events or situations'.*



Depressive episode (ICD11) (WHO, 2016) [ICD-10 Version:2016 \(who.int\)](https://www.who.int/icd11)

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"In typical mild, moderate, or severe depressive episodes, the patient suffers from lowering of mood, reduction of energy, and decrease in activity. Capacity for enjoyment, interest, and concentration is reduced, and marked tiredness after even minimum effort is common. Sleep is usually disturbed and appetite diminished. Self-esteem and self-confidence are almost always reduced and, even in the mild form, some ideas of guilt or worthlessness are often present. The lowered mood varies little from day to day, is unresponsive to circumstances and may be accompanied by so-called "somatic" symptoms, such as loss of interest and pleasurable feelings, waking in the morning several hours before the usual time, depression worst in the morning, marked psychomotor retardation, agitation, loss of appetite, weight loss, and loss of libido. Depending upon the number and severity of the symptoms, a depressive episode may be specified as mild, moderate or severe."

- single episodes of:
 - depressive reaction
 - psychogenic depression
 - reactive depression

Associated symptoms of depression:

- Disturbed sleep (75% decreased in Nutt, Wilson & Paterson, 2008) or Hyposomnia (40% increased) compared to usual.
- Decreased or increased appetite and/or weight.
- Fatigue/loss of energy.
- Agitation or slowing of movements.
- Poor concentration or indecisiveness.
- Feelings of worthlessness or excessive or inappropriate guilt.
- Suicidal thoughts or acts.

Depression

- Major Depressive Disorder describes a condition in which people feel extreme, chronic and persistent unhappiness that extends over weeks (Martin and Carlson, 2023).
 - Persistent low mood and can be recurring that affects everyday functioning (NHS, n.d.)

Source: <https://www.nhs.uk/mental-health/conditions/depression/>

Slide 17.8

Symptoms of depression

Beck (1967) identified five symptoms of depression:

A sad and apathetic mood.

Feelings of worthlessness and hopelessness.

A desire to withdraw from other people.

Sleeplessness, loss of appetite and sexual desire.

Change in activity level, to either lethargy or agitation.

Diagnosis

- One or more key symptoms has been noted on most days, most of the time for at least two weeks
- Add the number of associated symptoms to determine:
 - Mild (2 or 3): usually depressed by symptoms but probably able to continue with most activities
 - Moderate (>4): likely to have great difficulty in day-to-day functioning
 - Severe (most or all impacting on day-to-day functioning): marked and distressing. Typically loss of self esteem and sense of worthlessness/guilt. Suicidal thoughts and acts are common, usually with 'somatic' symptoms

Diagnosis: NICE (2009; amended in 2022)

Key symptoms

- Persistent sadness or low mood
- Marked loss of interests or pleasure

- reduced ability to concentrate and sustain attention or marked indecisiveness
- beliefs of low self-worth or excessive or inappropriate guilt
- hopelessness about the future
- recurrent thoughts of death or suicidal ideation or evidence of attempted suicide
- significantly disrupted sleep or excessive sleep
- significant changes in appetite or weight
- psychomotor agitation or retardation
- reduced energy or fatigue

- depressed mood – indicated by subjective report or observation by others
- loss of interest or pleasure in almost all activities – indicated by subjective report or observation by others
- significant (more than 5% in a month) unintentional weight loss or gain or decrease or increase in appetite
- sleep disturbance (insomnia or hypersomnia)
- psychomotor changes (agitation or retardation) severe enough to be observable by others
- tiredness, fatigue, or low energy, or decreased efficiency with which routine tasks are completed
- a sense of worthlessness or excessive, inappropriate, or delusional guilt (not merely self-reproach or guilt about being sick)
- impaired ability to think, concentrate, or make decisions – indicated by subjective report or observation by others
- recurrent thoughts of death (not just fear of dying), suicidal ideation, or suicide attempts.

What is the prevalence rate of depression?

Suggested website for this activity

[Cost of living and depression in adults, Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/economy/inflationandcost/articles/costoflivinganddepressioninadultsgreatbritain/2022-01-13)

1. What are the statistics reported?
2. Is the prevalence rate higher in some groups?
3. Why are there differences in prevalence rates?

Use the sites below if you have time

[Depressive disorder \(depression\) \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/depression) Global data
[Major Depression - National Institute of Mental Health \(NIMH\) \(nih.gov\)](https://www.nimh.nih.gov/health/statistics/major-depression.shtml) US statistics



A case study of depression

"It was the worst experience of my life. More terrible even than watching my wife die of cancer. I am ashamed to admit that my depression felt worse than her death but it's true. I was in a state that bears no resemblance to anything I had experienced before. I was not just feeling very low. I was seriously ill. I was totally self-involved, negative and thought about suicide most of the time. I could not think properly let alone work, and wanted to remain curled up in bed all day" (Wolpert, 1999, p.1)



Events and Individual differences

- Depression and anxiety are the leading contributors to health burden globally (Global Burden of Disease, 2019)
- Significant increase during the pandemic (Office for National Statistics, 2021)
- Significantly associated with vulnerability
- Gender differences?
 - 1:4 in female but 1:10 in male (Singleton and Lewis, 2003)
 - Broadly comparable between the genders (Bradley-Adams, 2020)
- Royal college of Psychiatrists (2015): more prevalent in males
 - Irritability, sudden anger, increased loss of control, greater risk taking and aggression

Types of depression

- **Clinical depression**
- **Psychotic depression**
- **Postnatal depression**
- **Depression in children and young people**

Clinical depression

- Depression is more than simply feeling unhappy or fed up for a few days.
- Most people go through periods of feeling down: feeling persistently sad for weeks or months, rather than just a few days.
- Depression is not trivial and is a genuine health condition with real symptoms. Not a sign of weakness or something people can "snap out of" by "pulling yourself together".

Causes - Clinical depression

- There's no single cause of depression: can occur for a variety of reasons and it has many different triggers.
 - For some people, an upsetting or stressful life event, such as bereavement, divorce, illness, redundancy and job or money worries, can be the cause.
- Different causes can often combine to trigger depression. For example, someone may feel low after being ill and then experience a traumatic event, such as a bereavement, which brings on depression.

Source: <https://www.nhs.uk/mental-health/conditions/clinical-depression/causes/>

Psychotic depression

- Some people who have severe clinical depression will also experience hallucinations and delusional thinking, the symptoms of psychosis.
- Depression with psychosis is known as psychotic depression.

Postnatal depression

- Postnatal depression is a type of depression that many parents experience after having a baby.
- It's a common problem, affecting more than 1 in every 10 women within a year of giving birth. It can also affect fathers and partners.
- It's important to seek help as soon as possible if you think you might be depressed, as your symptoms could last months or get worse and have a significant impact on you, your baby and your family.
- With the right support most people make a full recovery.



Causes of postnatal depression

- History of mental health problems, particularly depression, earlier in life
- During pregnancy:
 - mental health problem
 - having no close family or friends to support
 - a difficult relationship with partner
- Recent stressful life events,
 - such as bereavement
 - physical or psychological trauma, such as domestic violence
- Having the "baby blues"

Depression during pregnancy

- Depression in pregnancy (antenatal depression) is also common. Around 1 in 8 people will experience depression during their pregnancy.
- Other mental health symptoms that can occur during or after pregnancy include anxiety, panic attacks and psychosis.

Depression in children and young people

- Depression does not only affect adults. Children and young people can get depressed too.
- It is important to get help early. The longer it goes on, the more likely it is to disrupt your child's life and turn into a long-term problem.



Signs of depression in children

- Symptoms of depression in children often include:
 - sadness, or a low mood that does not go away
 - being irritable or grumpy all the time
 - not being interested in things they used to enjoy
 - feeling tired and exhausted a lot of the time

The child may also:

- have trouble sleeping or sleep more than usual
- not be able to concentrate
- interact less with friends and family
- be indecisive
- not have much confidence
- eat less than usual or overeat
- have big changes in weight
- seem unable to relax or be more lethargic than usual
- talk about feeling guilty or worthless
- feel empty or unable to feel emotions (numb)
- have thoughts about suicide or self-harming
- actually self-harm, for example, cutting their skin or taking an overdose



Historical Understandings of Depression

- The modern concept of depression arose from earlier diagnostic formulations of melancholia over the hundred years from the 1780s to the 1880s.

Depression was initially called "melancholia". The earliest accounts of melancholia appeared in ancient Mesopotamian texts in the second millennium B.C.

all mental illnesses were attributed to demonic possession, and were attended to by priests. In contrast, a separate class of "physicians" treated physical injuries (but not conditions like depression).

The first historical understanding of depression was thus that depression was a spiritual (or mental) illness rather than a physical one.

Historical Understandings of Depression

- Ancient Greeks and Romans were divided in their thinking about the causes of melancholia. Literature of the time was filled with references to mental illness caused by spirits or demons.
- In the 5th century B.C., the Greek historian Herodotus wrote about a king who was driven mad by evil spirits. The early Babylonian, Chinese, and Egyptian civilizations also viewed mental illness as a form of demonic possession, and used exorcism techniques (such as beatings, restraint, and starvation) designed to drive demons out of the afflicted person's body as treatments. In contrast, early Roman and Greek doctors thought that depression was both a biological and psychological disease.
- Gymnastics, massage, special diets, music, and baths, as well as a concoction of poppy extract and donkey's milk were used to alleviate depressive symptoms.

Sample questions to assess depression

Beck's Depression Inventory

This depression inventory can be self-scored. The scoring scale is at the end of the questionnaire.

1.
 - 0 I do not feel sad.
 - 1 I feel sad
 - 2 I am sad all the time and I can't snap out of it.
 - 3 I am so sad and unhappy that I can't stand it.
2.
 - 0 I am not particularly discouraged about the future.
 - 1 I feel discouraged about the future.
 - 2 I feel I have nothing to look forward to.
 - 3 I feel the future is hopeless and that things cannot improve.
3.
 - 0 I do not feel like a failure.
 - 1 I feel I have failed more than the average person.
 - 2 As I look back on my life, all I can see is a lot of failures.
 - 3 I feel I am a complete failure as a person.
4.
 - 0 I get as much satisfaction out of things as I used to.
 - 1 I don't enjoy things the way I used to.
 - 2 I don't get real satisfaction out of anything anymore.
 - 3 I am dissatisfied or bored with everything.

Treatment - Clinical depression

- Treatment for depression usually involves a combination of self-help, talking therapies and medicines.
- The treatment recommended will be based on the type of depression you have.

Mild depression

- If you have mild depression, the following treatments may be recommended.
 - Wait and see
 - If a GP diagnoses you with mild depression, they may suggest waiting a short time to see if it gets better by itself. In this case, you'll be seen again by the GP after 2 weeks to monitor your progress. This is known as watchful waiting.
- Exercise
 - There's evidence that exercise can help depression, and it's one of the main treatments for mild depression. You may be referred to a group exercise class.
 - Find out more about walking for health and exercise for depression.
- Self-help, mental health apps
- Talking through your feelings can be helpful. You could talk to a friend or relative, or you could ask a GP or local psychological therapies service if there are any self-help groups for people with depression in your area.

Digital mental health apps

- [Online Behavioural Health Solutions for NHS | SilverCloud® by Amwell® \(silvercloudhealth.com\)](#)
- [Be kind to your mind – Headspace](#)
- [About online mental health – Mind](#)
- [Free Online Mindfulness Sessions - Oxford Mindfulness Foundation](#)



Mild to moderate depression

- If you have mild to moderate depression that is not improving, or moderate depression, you may find a talking therapy helpful.
- There are different types of talking therapies for depression, including cognitive behavioural therapy (CBT) and counselling.
- A GP can refer you for talking treatment, or ***you can refer yourself directly to an NHS psychological therapies service (IAPT) without a referral from a GP.***

Moderate to severe depression

- If you have moderate to severe depression, the following treatments may be recommended.
 - Antidepressants
 - Antidepressants are medicines that treat the symptoms of depression. There are many different types of antidepressant.
 - They have to be prescribed by a doctor, usually for depression that's moderate or severe.
- Combination therapy
 - A GP may recommend that you take a course of antidepressants plus talking therapy, particularly if your depression is quite severe.
 - A combination of an antidepressant and CBT usually works better than having just one of these treatments.
- Mental health teams
 - If you have severe depression, you may be referred to a mental health team made up of psychologists, psychiatrists, specialist nurses and occupational therapists.
 - These teams often provide intensive specialist talking treatments as well as prescribed medicine.

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Talking treatments

- Cognitive behavioural therapy (CBT) aims to help understand one's thoughts and behaviour, and how they affect a person.
- CBT recognises that events in the past may have shaped persons, but concentrates mostly on how persons can change the way they think, feel and behave in the present.
- It teaches how to overcome negative thoughts – for example, being able to challenge hopeless feelings.
- CBT is available on the NHS for people with depression or any other mental health problem. It's been shown to help.
- If CBT is recommended, persons usually have a session with a therapist once a week or once every 2 weeks.
- The course of treatment usually lasts for between 5 and 20 sessions, with each session lasting 30 to 60 minutes.
- In some cases, you may be offered group Cognitive behavioural therapy (CBT)

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Psychodynamic psychotherapy

- In psychodynamic (psychoanalytic) psychotherapy, a psychoanalytic therapist will encourage you to say whatever is going through your mind.
- This will help you become aware of hidden meanings or patterns in what you do or say that may be contributing to your problems.

Counselling

- Counselling is a form of therapy that helps persons think about the problems they are experiencing in life so they can find new ways of dealing with them.
 - Reappraisal
- Counsellors support in finding solutions to problems, but do not tell client what to do. Client can talk in confidence to a counsellor, who supports them and offers practical advice.
- On the NHS, persons may be offered a single session of counselling, a short course of sessions over a few weeks or months, or a longer course that lasts for several months or years.
- It's ideal for people who are generally healthy but need help coping with a current crisis, such as anger, relationship issues, bereavement, redundancy, infertility or a serious illness.

Antidepressants

- Antidepressants are medicines that treat the symptoms of depression: many different types available.
 - may respond to 1 antidepressant but not to another,
 - may need to try 2 or more treatments before finding one that works.
 - The different types of antidepressant work about as well as each other. But side effects vary between different treatments and people.
- Not a quick fix.
- Regular check-up needed when starting antidepressants: seeing a GP or specialist nurse every week or 2 for at least 4 weeks to assess how well they're working.
 - If they're working, need to continue taking them at the same dose for at least 4 to 6 months after symptoms have eased.
 - If have had episodes of depression in the past, may need to continue to take antidepressants for up to 5 years or more.
- Antidepressants are not addictive, but may get some withdrawal symptoms if you stop taking them suddenly or you miss a dose.

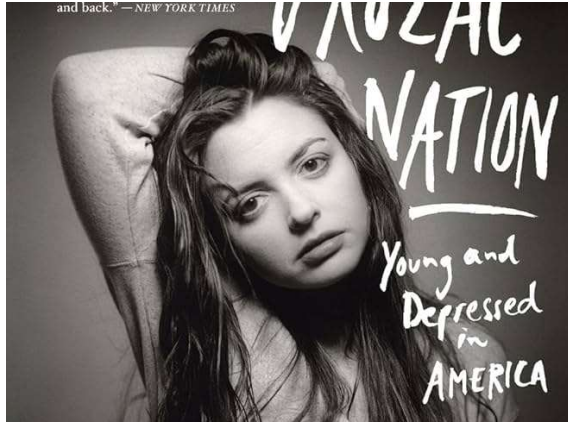
Physical activities

- Several recommendations regarding physical activities
 - Reaching biomedical balance to improve moods
 - Creating dopamine to boost moods and confidence
 - Increasing social connectedness as an added value of engaging in group physical activities, especially for elderly



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Stigma



- Intersectionality: age, gender, sexuality, cultural, SES
 - Toxic musicality: boys don't cry, tower of Strength
- Past discourse of depression related to stigma experienced:
 - Just being lazy
 - lack of resiliencies: Prozac nation: medication too young too soon
 - Focus on neurotransmitter imbalance led to decreased blame on the individuals



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The great Serotonin debate Do we over stress the importance of medication?

[The great serotonin debate: do depression treatments work by boosting the happy hormone? | Neuroscience | The Guardian](#)

Three key points for practice (Haslam et al., 2018, p. 173)

"Depression often has social origins"

"Depression often arises from either a lack of or a loss of social identities"

"Depressive symptomatology can be modified both within and outside traditional therapeutic settings"

Therefore, addressing depression from a 'social perspective' would be more effective instead of relying on medication.

- Treat depression in community and social groups
- Address social environment that places people at risk through policy and structural changes

Care of all people with depression

- **Providing information and support, and obtaining informed consent.**
- build a trusting relationship and work in an open, engaging and non-judgemental manner
- explore treatment options in an atmosphere of hope and optimism, explaining the different courses of depression and that recovery is possible
- be aware that stigma and discrimination can be associated with a diagnosis of depression
- ensure that discussions take place in settings in which confidentiality, privacy and dignity are respected.

Source: <https://www.nice.org.uk/guidance/cg90/chapter/Recommendations#care-of-all-people-with-depression>

Assignment 2 Report

- Report on 2 mental disorders that we cover in this module, except for the mental disorder chosen for your debate.
- You need to cover discussion and evaluation of classification, diagnosis, treatment and measurement of rehabilitation of your 2 chosen mental disorders.
- Do make recommendations at the end your report. Your recommendations should be informed by the discussion throughout your report.
- At least 20 creditable references to support the points made in your report
- No report template on how to structure your report but you will have a checklist to help your preparation.