



# Understanding depression

Everyone feels sad at times and it is normal to feel sad under certain circumstances, for example, when you lose a loved one, experience a relationship break-up. However, if you feel sad or disproportionately sad a lot of the time

across most situations for weeks or months on end you may have depression.

Clinical depression – major depressive disorder (MDD) is a feeling of extreme and pervasive sadness or low mood that lasts for a long time and affects your everyday life, where typically you see yourself, others and the future in a very negative way. A useful resource is the [BPS Understanding Depression report](#).

Depression can make it hard for you to experience joy from and meaning or purpose in your life. This can manifest as an extreme and overwhelming feeling of emptiness, hopelessness and helplessness, which at its worst can leave you feeling suicidal, that life is no longer worth living. If you need help, [talk to someone](#).

Unlike many physical health conditions where oftentimes there are clear physiological or biological markers – tests, there are no such markers for depression. This means that diagnosis relies on the presence of certain signs and symptoms, the combination of which can change from person to person including:

- You often feel disproportionately sad, upset, irritable or tearful
- You experience especially low, negative self-worth, are overly critical of yourself and may perceive yourself as a failure
- You struggle to relate to or avoid or withdraw from people or social events you'd otherwise enjoy
- You find it hard to concentrate, remember things and make decisions
- Your usual energy levels, sleep and appetite pattern change markedly sleeping or eating too much or too little
- You feel uncharacteristically, constantly tired, fatigued even if you aren't doing anything, even simple things like getting dressed in the morning can feel like a struggle
- You feel more worried or anxious than you normally would
- You are pessimistic, negative about the future
- You don't get any pleasure from the things that normally bring you joy
- You're having regular physical symptoms, like headaches or pain, with no clear physical cause and which don't respond to treatment
- You feel empty, helpless, hopeless and may have thoughts that life is not worth living or of harming yourself. If you need help, [talk to someone](#).

Despite ongoing scientific advances as with all mental health conditions, it is currently not clear what causes depression, which can be thought of as a human experience as individual and as complex as other human experiences like happiness or falling in love, and people experience it for as many different reasons

The conditions we live in, social inequality, how our lives compare to those of others, opportunities or lack of them, support or lack of it from those around us – all of these can play a central role. Depression therefore, is influenced by the complex and reciprocal interaction of and overlap between biological – genetic, psychological and social-environmental factors the so-called bio-psycho-social model.

## **BIOLOGICAL – GENETIC FACTORS**

There is some evidence which indicates that you are at greater risk of developing depression if a family member has experienced depression. However, despite large-scale genome sequencing studies, no single genetic marker including candidate genes regulating the neurotransmitter serotonin, a chemical messenger in the brain thought to be associated with depression has been identified. To date researchers have identified 178 variants of genes associated with major depression and believe there are likely hundreds or even thousands of these genes yet to be discovered! As such, having a parent or sibling with depression doesn't mean you will have it too.

## **SOCIAL – ENVIRONMENTAL**

Depression can and does affect people from all backgrounds, however, individuals from socio-economically disadvantaged backgrounds are disproportionately over-represented as are those who find themselves in meaningless low paid work or are unemployed. This is most likely mediated by an experience of helplessness, hopelessness, social disconnection – alienation, lack of meaning purpose and entrapment about their situation, so-called demoralisation disorder.

Likewise, COVID – 19 saw a marked, population wide increase in rates of depression, related to an increase in social isolation and loneliness, which are strongly associated with depression across the lifespan.

## PSYCHOLOGICAL

Stressful life situations and including adverse childhood experiences (ACE's) in the areas of abuse and neglect, living in care or homelessness, and parent and carer problems increase the risk for experiencing depression in adulthood. For example, children exposed to four or more from a possible of thirteen adverse experiences are 4.5 times more like to experience depression in adulthood and where the risk increases exponentially with the number of ACE's.

There are different diagnostic variants of major depressive disorders largely differentiated by the time of onset, the duration, frequency and severity of the depressive episode. While diagnosis based on the presence of certain signs and symptoms can be helpful, diagnosis of itself does not give up the cause of these symptoms, which can be different for each individual.

## MAJOR DEPRESSION

This is the most serious type of depression and is caused by a chemical imbalance in your brain. It can have a huge impact on your life

## DYSTHYMIC DISORDER

A low to moderate level of depression that lasts for two years or longer. It might also be called persistent depressive disorder or chronic depression.

## ADJUSTMENT DISORDER WITH DEPRESSED MOOD

Equally debilitating and severe as MDD but considered situational in that it is seemingly precipitated by an identifiable major stressful life change, event(s).

## SEASONAL AFFECTIVE DISORDER (SAD)

A variant of Major depressive disorder characterised by a seasonal pattern, onset is typically in the autumn and winter months, which sees an increase worsening of symptoms when the days are shorter and the sun is low in the sky. Typically, symptoms lessen and mood lifts in the spring and summer.

## PREMENSTRUAL DYSPHORIC DISORDER

To be diagnosed with premenstrual dysmorphic disorder PMDD, a woman must have physical symptoms (e.g, breast tenderness, bloating) alongside mood changes (e.g, sadness, crying). Symptoms, at least five must be present in the final week before the onset of the menstrual cycle, begin to improve within a few days after the onset of menses and be absent or minimal in the week post menses. These symptoms must be present for most cycles over the preceding year.

## PRE- AND POST NATAL DEPRESSION

Variants of MDD characterised by a depressive episode with onset either during (pre-natal) or in the period following the birth (postnatal). People can experience [depression during pregnancy and in the initial months and up to a year following a child's birth](#). Post-natal depression can affect the person who carried the pregnancy and their partner or co-parent.

[Home](#) > [Mental health resources](#) > [Depression](#) >

Understanding depression

# DEPRESSION SELF-HELP COURSE

Our depression self-help course can help you understand more about depression and how it affects you.

**Take our depression self-help course**