

# UK Depression Statistics

## Sources

### Primary Data Sources

1. **Adult Psychiatric Morbidity Survey (APMS)** - NHS Digital
    - Latest: 2023/4 survey (published June 2025)
    - Covers prevalence of treated and untreated psychiatric disorders in English adults (16+)
    - Chapters include: common mental health conditions, treatment/service use, suicidal thoughts
  2. **Mental Health Foundation** - <https://www.mentalhealth.org.uk/explore-mental-health/statistics>
  3. **NHS Overview of Depression** - <https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/>
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## Key Statistics (To Be Updated with Specific Numbers)

### Prevalence

- [ ] % of UK adults experiencing depression annually
- [ ] Lifetime prevalence
- [ ] Gender differences
- [ ] Age group differences

### Healthcare Burden

- [ ] Number seeking treatment
- [ ] GP consultations for depression
- [ ] Prescriptions (antidepressants)
- [ ] NHS costs

### Diagnosis Challenges

- [ ] % undiagnosed/untreated
  - [ ] Average time to seek help
  - [ ] Barriers to diagnosis
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## From NHS Overview

### Key points from NHS page:

- Depression is more than feeling unhappy for a few days
- Persistent sadness for weeks or months
- "Real illness with real symptoms" - not weakness
- Can range from mild to severe

- Can involve physical symptoms (tiredness, sleep problems, no appetite)
- With right treatment, most people can make full recovery

#### Causes:

- Life-changing events (bereavement, job loss, childbirth)
- Family history
- Can occur without obvious reason

#### Treatment options:

- Mild: watchful waiting, lifestyle changes (exercise), self-help, CBT
  - Moderate-severe: talking therapy + antidepressants
  - Severe: specialist mental health team referral
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## Why AI/Automated Detection Could Help

#### Current Problems:

1. **Stigma** - people reluctant to seek help
2. **Access** - limited mental health services, long waiting lists
3. **Subjectivity** - diagnosis relies on self-report and clinician judgment
4. **Early detection** - often diagnosed late when symptoms are severe
5. **Monitoring** - difficult to track changes over time

#### What AI Speech Analysis Could Offer:

1. **Objective markers** - not reliant on self-report
  2. **Non-invasive** - uses natural speech, no special equipment
  3. **Scalable** - could screen large populations
  4. **Continuous monitoring** - track changes over time
  5. **Early intervention** - detect before crisis
  6. **Reduce clinician burden** - triage tool
  7. **Privacy** - could be done on-device
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## Global Statistics (WHO 2024)

Source: WHO Fact Sheet on Depression - <https://www.who.int/news-room/fact-sheets/detail/depression>

#### Prevalence

- **5.7% of adults** globally suffer from depression
- **4% of total population** experience depression
- **332 million people** worldwide have depression
- Women: 6.9% vs Men: 4.6% (1.5x more common in women)
- Adults 70+: 5.9%
- Over 10% of pregnant/postpartum women experience depression

#### Treatment Gap

- **In high-income countries, only ~1/3 of people with depression receive treatment**

- Barriers: lack of investment, lack of trained providers, social stigma

## Suicide

- **727,000 deaths by suicide** in 2021
  - Suicide is **3rd leading cause of death** in 15-29 year olds
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## UK-Specific Statistics (To Complete)

Need to find from APMS 2023/4:

- [ ] UK adult prevalence rate
  - [ ] Number of people affected in UK
  - [ ] NHS costs / economic burden
  - [ ] Treatment rates in UK
  - [ ] Waiting times for services
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## The Case for Automated Detection

### Current Problems (for Motivation section):

1. **Only 1/3 receive treatment** even in high-income countries
2. **Stigma** prevents help-seeking
3. **Limited services** - not enough trained mental health providers
4. **Subjective diagnosis** - relies on self-report and clinical interview
5. **Late detection** - often diagnosed when symptoms are severe
6. **No objective biomarkers** - unlike many physical conditions

### What Speech-Based Detection Could Offer:

1. **Objective measurement** - not reliant on self-report or recall
  2. **Non-invasive** - uses natural speech, no blood tests or imaging
  3. **Low cost & scalable** - could be deployed via smartphone apps
  4. **Continuous monitoring** - track changes over time (unlike episodic clinic visits)
  5. **Early intervention** - detect subtle changes before clinical presentation
  6. **Reduce stigma** - framed as "wellness check" rather than mental health screening
  7. **Triage tool** - help clinicians prioritize who needs immediate attention
  8. **Remote access** - can screen people who can't access in-person services
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## Notes

The APMS 2023/4 survey results should have the most up-to-date UK-specific data. Need to access the actual report for precise statistics.

Mental Health Foundation may have infographics and key statistics in digestible format.

### Key citation for dissertation:

- WHO. (2024). Depressive disorder (depression). World Health Organization Fact Sheet.