Int. j. adv. multidisc. res. stud. 2026; 6(1):1486-1492

Received: 08-12-2025
Accepted: 18-01-2026

International Journal of Advanced Multidisciplinary Research and Studies

ISSN: 2583-049X

Depression and Its Consequences: A Comprehensive Review of Impacts on Mental Health

Farhad Ahmad Ahmadi
Student, Department of Para Clinic, Medical Faculty, Bost University, Afghanistan

DOI: https://doi.org/10.62225/2583049X.2026.6.1.5693
Corresponding Author: **Farhad Ahmad Ahmadi**

Abstract
Depression is a common and debilitating mental health condition that greatly adds to the global disease burden. It affects about 5% of adults around the world and is one of the main causes of disability, lower quality of life, and early death. Despite its widespread impact, depression remains underdiagnosed and inadequately treated worldwide. This review synthesizes evidence from recent peer-reviewed studies, global mental health reports, and epidemiological data to provide a comprehensive analysis. This review provides a comprehensive examination of the psychological, biological, environmental, and socioeconomic factors that contribute to depression, as well as its significant impact on mental health. The paper stresses that depression harms emotional health, cognitive function, and social relationships, and it often occurs alongside other mental disorders, such as anxiety and substance abuse. The rising rates of depression, worsened by globalization, technological progress, and the COVID-19 pandemic, underscore the imperative for improved mental health systems. Evidence shows that elements such as poverty, unemployment, and adverse familial conditions significantly increase vulnerability to depressive disorders, particularly in low- and middle-income countries. The review also talks about important ways to treat yourself, like self-care, lifestyle changes, therapy, and medication. Getting a diagnosis and treatment as soon as possible is important to lower the risk of suicide, avoid long-term disability, and improve your overall mental health. We need more than just medical care to help people with depression. We also need policies that focus on social issues and make mental health care more accessible around the world.

Keywords: Consequences, Depression, Disorder, Impacts, Mental Health, Stress

Introduction

Depression is a prevalent psychiatric disorder and a significant factor in the global disease burden. The World Health Organisation says that depression is the second most common cause of disability in the world. By 2030, it is expected to be the most common cause (WHO, 2004) [41]. Depression is correlated with elevated incidences of suicidal behaviour and mortality (Karrouri *et al*., 2021; Lépine *et al*., 2011) [19, 23].

Feeling sad or having a low mood is not the only sign of depression. It is a complicated mental health problem that makes you feel sad, hopeless, and like you can't do anything. It can make it hard for someone to work, talk to other people, and do normal things every day (Amin *et al*., 2025) [3].

In the last few decades, mental health problems like depression, anxiety, and stress-related conditions have become much more common. The World Health Organisation (WHO) estimates that about one in four people will have mental health problems at some point in their lives (Santomauro *et al*., 2021) [35]. The WHO says that almost 800,000 people kill themselves each year, which is one person every 40 seconds. This shows how serious the global mental health crisis is. Countries like India and the United States have seen more people kill themselves, which shows how important it is to have targeted mental health interventions and support systems (Santomauro *et al*., 2021) [35]. Urbanisation, more time spent in front of screens, more exposure to social media, and the breakdown of traditional social support systems have all had a big impact on mental health. Long hours at work, financial instability, and societal pressures to always do well and achieve have made these problems worse, causing burnout, chronic stress, and widespread mental fatigue. The COVID-19 pandemic that started in 2020 has made these problems even worse. It has caused not only a physical health crisis but also a mental health crisis. Fear of getting sick, being alone, not knowing what will happen in the future, and not having enough money have all made mental health problems

much more common. Research indicates a significant increase in anxiety, depression, and post-traumatic stress disorder (PTSD) during and subsequent to the pandemic, underscoring the necessity for improved mental health care and intervention strategies (Liu *et al*., 2023; Magomedova & Fatima, 2025) [24, 26].

Depression is characterised by episodes of depressed mood persisting for over two weeks, accompanied by symptoms such as disrupted sleep and appetite, diminished concentration, heightened guilt, and suicidal ideation, as well as loss of interest or pleasure and decreased energy or increased fatigability (George & Nazni, 2012; Paykel, 2008) [12, 32]. Major depression is linked to a diminished quality of life, reduced productivity, and significant expenses for both the individual and society (Fiest *et al*., 2014) [9]. The World Health Organisation says that more than 300 million people around the world suffer from depression, which is about 4.4% of the world's population. These mental health problems cause a lot of pain and loss of health. According to the WHO, depression is the biggest cause of disability in the world (7.5% of all years lived with disability). Depression is one of the main reasons people kill themselves, and it kills almost 800,000 people every year. Mental health problems are becoming more common all over the world, especially in poorer countries (Mehami *et al*., 2025; World Health Organisation, 2017) [29, 43].

The intricacy intensifies when analysed through the framework of social determinants of health. A substantial body of research correlates factors such as poverty, educational disparity, unemployment, detrimental family environments, and social exclusion with heightened susceptibility to depression (Lund *et al*., 2010) [25]. These determinants interact throughout the lifespan, exacerbating vulnerability and sustaining inequalities, particularly in low- and middle-income countries, where mental health services are persistently underfunded (Ahamed & Gibendi, 2025; Patel *et al*., 2018) [1, 31].

According to the World Health Organisation (WHO), depression affects about 5% of adults around the world and is the fourth most common disease in the world (WHO, 2023). The Global Burden of Disease data from 2019 showed that depression was one of the main causes of death and disability (GBD 2019 Diseases and Injuries Collaborators, 2020). In 2020, there were 76.2 million more cases of Major Depressive Disorder (MDD) around the world. The most significant rise in depression prevalence occurred in countries like Spain, Mexico, Malaysia, the United States, and Uruguay (Santomauro *et al*., 2021) [35]. It was also predicted that there would be 53.2 million more cases of severe depression around the world, which is a 27.6% increase (Institute for Health Metrics and Evaluation, 2021).

Problem Statement:

Depression has become one of the most serious mental health problems in the world, affecting millions of people of all ages, cultures, and income levels. Even though medical science has made a lot of progress and awareness campaigns have been run, depression is still not diagnosed or treated well in many parts of the world. The ongoing rise is attributable to various factors, including swift societal transformations, heightened stress, urbanisation, and socioeconomic disparities. Depression has effects that go beyond just making you feel bad. It also affects your ability to think clearly, your relationships with other people, your work productivity, and your health in general, and it can even lead to suicide. While extensive research has focused on the clinical aspects of depression, there is a paucity of studies that have thoroughly examined its wider mental, social, and health-related ramifications. This gap in the literature hinders the formulation of effective prevention strategies, targeted interventions, and policy responses. So, to improve the diagnosis, treatment, and long-term management of this global condition, we need to understand how depression affects mental health in many ways (Ahamed & Gibendi, 2025) [1].

Research Justification:

The rationale for undertaking this research arises from the escalating global prevalence of depression and its extensive ramifications for individual and public health. Depression not only impacts emotional health but is also linked to diminished productivity, compromised academic and occupational performance, and an increased risk of chronic diseases and premature mortality. The World Health Organisation says that depression is one of the most common causes of disability and will probably become the most common cause of disease around the world in the next few years. But even though this is a worrying trend, depression is still stigmatised, misunderstood, and not given enough attention in mental health policies, especially in low- and middle-income countries where resources are limited.

Research Objectives:

1. To pinpoint the biological, psychological, and social elements that lead to the onset of depression.
2. To look into how depression affects mental health, emotional health, and social relationships.
3. To evaluate the immediate and enduring effects of depression on mental health and overall quality of life.
4. To look into how socioeconomic and environmental factors, like poverty, unemployment, and stigma, can affect depression.
5. To look over the different treatment and intervention options, such as psychotherapy, pharmacotherapy, and self-care methods.
6. To point out problems with current mental health services and policies that make it hard to find, prevent, and treat depression early.

Materials and Methods

This research utilised a thorough narrative review methodology to investigate the ramifications of depression and its effects on mental health. The research was predicated exclusively on secondary data sourced from reputable origins, including peer-reviewed journal articles, scholarly books, reports from international entities such as the World Health Organisation and the American Psychiatric Association, and online academic databases like PubMed, Google Scholar, Science Direct, Research Gate, and Web of Science. A systematic search strategy was employed utilizing keywords such as “depression,” “mental health,” “consequences of depression,” “risk factors of depression,” “global burden of depression,” “treatment of depression,” and “COVID-19 and mental health,” in conjunction with Boolean operators such as AND, OR, and NOT to enhance search results. We only included studies published in English between 2000 and 2025 that provided empirical

data, theoretical insights, or global statistics. We did not include non-peer-reviewed sources, studies that were too old, or studies that focused on disorders other than depression. The chosen literature underwent qualitative content analysis to discern principal themes concerning the prevalence, risk factors, symptoms, impacts, and treatment strategies of depression. Ethical standards were upheld by recognising all sources to guarantee academic integrity.

Research Findings

Impact on Mental Health:

Depression can have terrible effects on a person's mental health and quality of life. People who are always sad and can't enjoy life may not look for meaningful connections or work toward their goals and dreams. Depression frequently coexists with other mental health disorders, including anxiety, panic disorder, or substance use disorders, exacerbating its effects on mental well-being. Depression also affects how the brain works, making it hard for people to focus, remember important things, or make choices. These cognitive impairments can exacerbate academic and occupational performance, engendering a cycle of frustration and despair (Amin *et al*., 2025) [3].

Stress:

There seems to be a very complicated link between stressful situations, how the mind and body react to stress, and the onset of clinical depression. Most researchers think that for some people, there is a direct link between a stressful event and the onset of depression. It is interesting to note that this stress can be either good or bad. Negative stress can come from losing a job, a loved one, a relationship, or getting a divorce. Planning a wedding, getting ready for a new job, and moving to a new city are all examples of good stress. Environmental events can cause both good and bad stress, which can lead to depression (Iyer & Khan, 2012; Kessler *et al*., 2006) [17, 22].

Types of depression:

Just like many other illnesses, depression can show up in different ways:

1. Major depression is shown by a mix of symptoms that make it hard to work, sleep, eat, and enjoy things that used to be fun. These episodes of depression that make it hard to function can happen once, twice, or even more than once in a person's life.
2. Dysthymia is a less severe form of depression that causes long-term, chronic symptoms that don't stop you from doing things, but they do make you feel bad or not "full steam." People with dysthymia sometimes have major depressive episodes as well.
3. Manic-depressive or bipolar disorders are significantly less common than other types of depressive illnesses. There are times of depression and times of happiness or mania. Sometimes the mood changes happen quickly and dramatically, but most of the time they happen slowly. During the depressed cycle, an individual may exhibit any or all symptoms associated with depressive illness. During the manic cycle, individuals may experience any or all symptoms associated with mania. Mania frequently impacts cognition, decision-making, and social conduct, potentially leading to significant issues and humiliation (Iyer & Khan, 2012; Katon, 2006; Judd, 2008) [17, 20, 18].

Signs and symptoms:

People with depression may feel sad, empty, or irritated, and they may also have physical and mental changes that last for at least two weeks and make it hard for them to do everyday things. Not being excited or happy about things; feeling down, hopeless, or depressed; having trouble falling asleep or staying asleep; or sleeping too much; Villarroel and Terlizzi (2020) [40] say that being tired or low on energy; Eating too much or not wanting to eat; Not being happy with yourself, having trouble focusing on things like reading the newspaper or watching TV, and speaking or moving slowly. Some signs of depression, on the other hand, are being very restless or fidgety and moving around a lot more than usual. Women exhibited a higher prevalence of depressive symptoms compared to men across all severity levels (Caneo *et al*., 2016) [7]. Chronic physical ailments are associated with anxiety and depression; research has demonstrated that depression may lead to hypertension, cardiovascular disease (CVD), and type 2 diabetes. Several studies have shown that depression is a major risk factor for osteoporosis and fractures. It also raised the risk of getting heart disease by 64%. There is an indirect connection between depression and chronic obstructive pulmonary disease (COPD), as evidenced by the increased incidence of nicotine dependence among depressed individuals (Mehami *et al*., 2025; Saveanu & Nemeroff, 2012) [29, 37].

Genetic predispositions and family history of mental disorders:

Genetic predispositions and familial history significantly influence the onset of mental disorders, suggesting that these conditions frequently possess a hereditary aspect. Although environmental factors, lifestyle choices, and social influences also play a role, understanding the genetic basis helps us understand how complicated mental health is (Magomedova & Fatima, 2025) [26].

Biological factors:

Biological factors encompass imbalances in brain neurotransmitters, including serotonin, norepinephrine, and dopamine, which play a role in mood regulation. Individuals with depression exhibit structural and functional abnormalities in brain regions related to mood and stress responses, including the prefrontal cortex and amygdala (Gu X, 2024) [13].

Psychological Factors:

Cognitive theories of depression underscore the significance of negative thought patterns, cognitive distortions, and dysfunctional beliefs in the onset and persistence of depressive symptoms. Beck’s cognitive triad posits that individuals experiencing depression possess a pessimistic perception of themselves, their environment, and their future (Beck, 1979) [4]. Learned helplessness, a psychological condition marked by feelings of powerlessness and lack of control over circumstances, may also exacerbate depression (Seligman, 1975) [38]. Attachment theory posits that insecure attachment styles during early childhood may elevate susceptibility to depression in adulthood (medtechnews.uk, 2025) [28].

Environmental Factors:
Adverse childhood experiences (ACEs), including abuse, neglect, and familial dysfunction, constitute significant risk factors for depression. Chronic stress, social isolation, insufficient social support, and significant life events, such as unemployment or bereavement, can initiate or intensify depressive episodes (Kendler *et al*., 2006) [21]. Socioeconomic factors, including poverty and unemployment, may also induce depression (medtechnews.uk, 2025) [28].

Poverty and Depression:
A lot of people agree that poverty is both a cause and a result of depression. People who are poor often feel stressed all the time because they don't have enough food, safe housing, or easy access to health care. These are all things that greatly raise their risk of getting depressed (WHO, 2014). The reciprocal relationship between poverty and mental illness is well-documented: poverty induces mental health issues, and mental health disorders can subsequently sustain poverty through diminished income, productivity declines, and social isolation (Ahamed & Gibendi, 2025; Ridley *et al*., 2020) [1, 34].

Unemployment and Depression:
Unemployment is a recognized risk factor for depression and various mental health disorders. Not having a job can have a negative effect on your mental health because it can cause more stress, a loss of routine, lower self-esteem, and social isolation (Brand, 2015) [6]. Unemployment makes it harder to get health care and other important resources, which makes people more likely to be mentally distressed.

Family Background and Depression:
Family background significantly influences individual mental health, especially the susceptibility to depressive disorders. Family dynamics affect early socialization, emotional security, exposure to trauma or abuse, parenting styles, and even access to educational and social opportunities, all of which are fundamental determinants of mental well-being (Repetti, Taylor, & Seeman, 2002) [33]. Studies consistently show that negative family situations, such as conflict, neglect, substance abuse, violence, or a parent's mental illness, greatly raise the chances that a child or teen will become depressed (Felitti *et al*., 1998) [8]. A longitudinal study conducted by Kessler *et al*. (2010) revealed that individuals subjected to childhood adversities, including abuse, household dysfunction, and neglect, were two to three times more likely to develop major depression in adulthood (Ahamed & Gibendi, 2025) [1].

Global Burden of Depression:
The world's burden of depression. Depression is very common all over the world. The World Health Organisation (WHO) says that about 5% of adults around the world have depression, which is about 280 million people (World Health Organisation [WHO], 2023). The prevalence is greater in women (~6%) compared to men (~4%) (WHO, 2023) and escalates with age, affecting approximately 5.7% of adults over 60 (WHO, 2023). Depression creates a lot of disability: even before COVID-19, it was the second leading cause of years lived with disability (YLDs) worldwide (Institute for Health Metrics and Evaluation [IHME], 2021) [16]. Major depressive disorder (MDD) was the second most common cause of YLDs in 2019, after low back pain (IHME, 2021) [16]. The COVID-19 pandemic exacerbated mental health deterioration: a Lancet-GBD study indicated that in 2020, major depressive disorder (MDD) became the second leading cause of global years lived with disability (YLDs), accounting for 5.6% of all YLDs, and was estimated to result in approximately 49.5 million disability-adjusted life years (DALYs) in the same year (IHME, 2021) [16]. According to the World Health Organization (WHO), over 700,000 people die by suicide each year, making it one of the top five causes of death in young people (WHO, 2023; IHME, 2021 [16]). In short, depression affects hundreds of millions of people and is a major public health problem and a major cause of disability around the world (WHO, 2023; IHME, 2021 [16]).

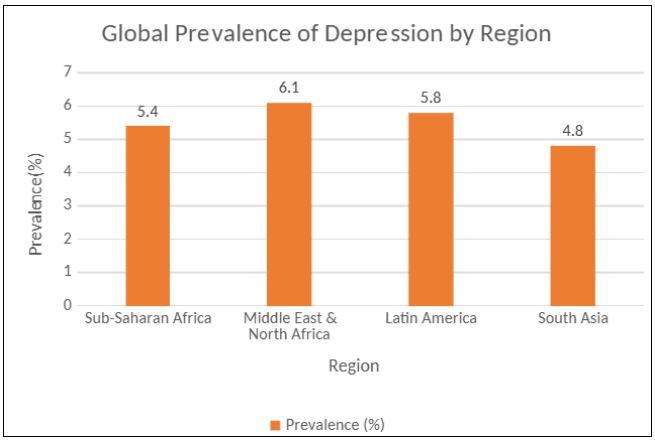

Fig 1: Regional Prevalence of Depression Worldwide (2023 estimates, WHO and IHME)

Why Is It Important to Treat Depression?
Depression is a serious mental health problem that can make it hard to do everyday things. If not treated, it can cause big problems in many areas of life, such as: Life quality, how you get along with others, Work and productivity how to get through the day and stay motivated in very bad cases, depression can make people hurt themselves or even kill themselves. That's why it's so important to notice the warning signs early and get the right treatment as soon as possible. Getting help early can greatly improve the chances of recovery and restore emotional health (mind.help, 2025) [30].

Treatments of Depression:
Self-care:
Taking care of yourself can help with depression symptoms and improve your overall health.
What you can do:
- Keep doing things you used to enjoy
- Stay in touch with friends and family
- Get some exercise every day, even if it's just a short walk
- Try to stick to a regular eating and sleeping schedule as much as possible
- Stay away from alcohol and drugs, which can make depression worse
- Talk to someone you trust about how you feel
- Get help from a healthcare professional.

If you're thinking about suicide:
- remember that you're not alone and that many others

have been through what you're going through and gotten help.
- Talk to someone you trust about how you feel,
- see a doctor or counselor, or join a support group.

Call any available emergency services or a crisis line if you think you are in immediate danger of hurting yourself (World Health Organization, 2025).

Lifestyle Modifications:
Changing your lifestyle can be an important part of treating depression. These are:
- Regular Exercise: Exercise has been shown to have antidepressant effects, probably because it releases endorphins and other neurochemicals that make you feel better (Blumenthal *et al*., 1999) [5].
- Healthy Diet: Eating a lot of fruits, vegetables, and whole grains can make you feel better and give you more energy. It's also important to stay away from processed foods, sugary drinks, and too much alcohol.
- Getting enough sleep is important for keeping your mood stable. Setting a regular sleep schedule and following good sleep hygiene rules can help you sleep better.
- Managing Stress: Doing things like yoga, meditation, and deep breathing exercises can help you deal with stress and feel better.
- Social Support: Staying connected with friends and family and doing things with them can help you feel less alone and better overall.

Therapy:
Therapy with a trained mental health professional is usually the first step in treating depression. There are many types of therapy that can help with depression, such as:
- Cognitive behavioral therapy (CBT). Cognitive behavioral therapy (CBT) is often called the "gold standard" treatment for depression. It teaches you how to recognize and change negative thought and behavior patterns. You might learn how to do things like cognitive restructuring, positive self-talk, behavioral activation, or guided discovery and questioning.
- IPT, or interpersonal therapy. This type of therapy helps you see and deal with problems in your personal relationships that could be making your depression worse. You'll learn how to deal with tough feelings, talk to people better, and join in on social activities.
- Mindfulness-based cognitive therapy (MBCT). Combining CBT with mindfulness techniques like meditation and being aware of the present moment is a promising way to both ease depression symptoms and lower the risk of them coming back.

There are many things that can affect the best type of therapy for you, such as your symptoms and how depression affects your daily life and relationships. If one type of therapy doesn't seem to work, ask your therapist about other options (Healthline, 2022) [14].

Diagnosing Depression:
To figure out if someone is depressed, mental health professionals use a mix of clinical interviews, behavioral assessments, and standardized tools. They might ask you a lot of questions about your symptoms, mood swings, sleep patterns, and how you do things every day.
Sometimes, questionnaires like the PHQ-9 (Patient Health Questionnaire) or Beck Depression Inventory are used to get a better idea of how bad and how much depressive symptoms affect a person. Input from family members or teachers contributes to a more comprehensive understanding, particularly in the evaluation of adolescents (Maurer *et al*., 2018) [27].
The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), is an important tool for diagnosing Major Depressive Disorder. The DSM-5 says that at least five of the following symptoms must be present at the same time for two weeks, and one of them must be either a depressed mood or a loss of interest or pleasure (American Psychiatric Association, 2022) [2]:
- Feeling sad most of the day
- Not wanting to do things that used to make you happy
- Big changes in your weight or appetite
- Not being able to sleep or sleeping too much
- Being restless or moving slowly
- Being tired or having low energy
- Feeling worthless or guilty
- Having trouble focusing or making decisions
- Having thoughts of death or suicide that come back again and again

Getting the right diagnosis is the first step because depression can affect many parts of a person's physical and emotional health. Effective treatment not only addresses the symptoms of depression but also enhances overall mental health by fostering emotional resilience and coping skills (Filatova *et al*., 2021) [10].

Taking a medicine (an antidepressant):
People who are depressed may react differently to the world around them because of changes in their brain chemistry. Antidepressant drugs can fix the chemical imbalance in the brain until the natural balance comes back. There are many options that have been shown to work, and you can choose the medicine that works best for you (The Department of Health and Aged Care, 2019) [39].

How to Help Someone with Depression:
People who are depressed have a hard time, but so do the people around them. People who care about you often want to help, but they may not know how, which can make you feel helpless or even put a strain on your relationships. Sometimes, trying to help or misunderstanding can make things worse. Here are some thoughtful ways you can help a friend, partner, child, or family member who is depressed while also taking care of yourself:
1. Encourage them to get professional help. Help them find therapy or medical care, and make sure they stick to their treatment plan.
2. Listen with patience. Give them a place where they won't be judged and let them know you understand how they feel, even if you don't fully understand what they're going through.
3. Know the specific signs for each age group. Kids and teens can show depression in different ways. For example, if your child seems unusually irritable or uninterested in play, try checking in gently instead of scolding. Criticism might make them feel worse.

4. Don't blame yourself. It can be hard to see someone you care about pull away or change because of depression, but you shouldn't take their symptoms personally or feel like you are to blame for how they feel.
5. Give them steady help. Tell them you're there for them, that they're not alone, and that you'll always love and support them.
6. Take care of your own mental health first. It can be hard on your emotions to help someone with depression. Take time for things that make you happy and calm, and if you feel like you need help, don't be afraid to ask for it.

To help someone with depression, you need to be understanding, patient, and strong. You can make a real difference in their healing journey by finding the right balance between caring for them and taking care of yourself (Mind Help, 2025) [30].

Conclusion

Depression is a complicated and common mental health problem that has a big impact on people, families, and society as a whole. It has an impact on mental, emotional, and physical health, and it often happens at the same time as other mental and physical health problems. Genetic predisposition, biological imbalances, psychological vulnerabilities, and environmental stressors interact to heighten susceptibility, while social determinants such as poverty, unemployment, and detrimental family environments intensify its effects. To manage depression and improve quality of life, it is important to find it early, get the right diagnosis, and get all the help you need, such as psychotherapy, medication, changes to your lifestyle, and social support. To reduce disability, prevent suicide, and improve overall health, we need coordinated public health strategies, more awareness, and easier access to mental health services. In the end, dealing with depression is important for improving mental health around the world and building strong communities.

Recommendations

1. Implement regular mental health screenings in schools and workplaces using standardised tools like the Beck Depression Inventory and PHQ-9.
2. Enhance access to mental health professionals through telehealth services, especially in low- and middle-income countries.
3. Launch campaigns to reduce mental health stigma and educate communities on depression's signs, symptoms, and effects.
4. Establish community networks and peer support groups tailored to vulnerable populations, including the unemployed and those from troubled families.
5. Encourage healthy habits, such as regular exercise, a balanced diet, adequate sleep, and stress management techniques like yoga and mindfulness.
6. Prioritise mental health funding for services and research into the genetic, social, and environmental causes of depression.
7. Set up accessible crisis hotlines and train community leaders to recognise and respond to suicidal behaviour.

References

1. Ahamed R, Gibendi P. Impact of depression on social and public health: A global perspective, 2025. Doi: https://doi.org/10.13140/RG.2.2.31276.99207
2. American Psychiatric Association. Diagnostic and statistical manual of mental disorders (5th ed., text rev.). American Psychiatric Publishing, 2022.
3. Amin MT, Singh K, Singh S, Sharma T. The Rising Concern of Depression and Its Impact on Mental Health. International Journal of Allied Medical Sciences and Clinical Research. 2025; 13(2):146-148. Doi: https://doi.org/10.61096/ijamscr.v13.iss2.2025.146-148
4. Beck AT. Cognitive Therapy and the Emotional Disorders. International Universities Press, 1979.
5. Blumenthal JA, Babyak MA, Moore KA, Craighead WE, Herman S, Khatri P, Waugh R, Sherwood A, Gullette ECD. Effects of exercise training on older patients with major depression. Archives of Internal Medicine. 1999; 159(19):2349-2356.
6. Brand JE. The far-reaching impact of job loss and unemployment. Annual Review of Sociology. 2015; 41:359-375. Doi: https://doi.org/10.1146/annurev-soc-071913-043237
7. Caneo C, Marston L, Bellón JÁ, King M. Examining the relationship between physical illness and depression: Is there a difference between inflammatory and non-inflammatory diseases? A cohort study. General Hospital Psychiatry. 2016; 43:71-77. Doi: https://doi.org/10.1016/j.genhosppsych.2016.09.003
8. Felitti VJ, Anda RF, Nordenberg D, *et al*. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventive Medicine. 1998; 14(4):245-258.
9. Fiest KM, Jette N, Quan H, St. Germaine-Smith C, Metcalfe A, Patten SB, *et al*. Systematic review and assessment of validated case definitions for depression in administrative data. BMC Psychiatry. 2014; 14:1-11.
10. Filatova EV, Shadrina MI, Slominsky PA. Major Depression: One Brain, One Disease, One Set of Intertwined Processes. Cells. 2021; 10(6):1283. Doi: https://doi.org/10.3390/cells10061283
11. GBD 2019 Diseases and Injuries Collaborators. Global burden of 369 diseases and injuries in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. The Lancet. 2020; 396(10258):1204-1222. Doi: https://doi.org/10.1016/S0140-6736(20)30925-9
12. George S, Nazni P. Antidepressive activity of processed pumpkin (Cucurbita maxima) seeds on rats. International Journal of Pharma and Medical Biological Sciences. 2012; 1(2):225-231.
13. Gu X. Depression: Understanding Its Causes and Consequences. J Psychol Psychother. 2024; 14:487.
14. healthline. Can Depression Be Cured? What the Latest Research Says. Healthline, January 28, 2022. https://www.healthline.com/health/can-you-cure-depression#takeaway
15. Institute for Health Metrics and Evaluation. Global burden of disease study 2019 results, 2021. https://www.healthdata.org
16. Institute for Health Metrics and Evaluation. New Global Burden of Disease analyses show depression and anxiety among the top causes of health loss worldwide, and a significant increase due to the COVID-19 pandemic, October 8, 2021. https://www.healthdata.org/acting-data/new-ihme-

analyses-show-depression-and-anxiety-among-top-causes-health-burden-worldwide
17. Iyer, Ksithija, Khan Zaved. Depression: A Review. Research Journal of Recent Sciences. 2012; 1:79-87.
18. Judd LL. The clinical course of unipolar major depressive disorders. Archives of General Psychiatry. 2008; 54:989-991. https://doi.org/10.1001/archpsyc.54.11.989
19. Karrouri R, Hammani Z, Benjelloun R, Otheman Y. Major depressive disorder: Validated treatments and future challenges. World journal of clinical cases. 2021; 9(31):9350-9367. Doi: https://doi.org/10.12998/wjcc.v9.i31.9350
20. Katon W. The epidemiology of depression in medical care. International Journal of Psychiatry in Medicine. 2006; 17:93-112. Doi: https://doi.org/10.2190/PM.17.2.c
21. Kendler KS, Kuhn JW, Prescott, CA. Stressful life events and risk for major depression: A test of the 'kindling' hypothesis. Psychological Medicine. 2006; 36(11):1479-1486.
22. Kessler RC, Nelson CB, McGonagle KA, Liu J, Swartz M, Blazer DG. Comorbidity of DSM-III-R major depressive disorder in the general population: Results from the US National Comorbidity Survey**.** British Journal of Psychiatry. 2006; 168:17-30. Doi: https://doi.org/10.1192/bjp.168.1.17
23. Lépine JP, Briley M. The increasing burden of depression. Neuropsychiatric Disease and Treatment. 2011; 7:3-7. Doi: https://doi.org/10.2147/NDT.S19617
24. Liu H, Zhou N, Zhou Z, Tao X, Kong Y, Zhang M. Symptoms of post-traumatic stress disorder and their relationship with the fear of COVID-19 and COVID-19 burden among health care workers after the full liberalization of COVID-19 prevention and control policy in China: A cross-sectional study. BMC Psychiatry. 2023; 23:902. https://doi.org/10.1186/s12888-023-05399-z
25. Lund C, *et al*. Poverty and common mental disorders in low and middle-income countries: A systematic review. Social Science & Medicine. 2010; 71(3):517-528.
26. Magomedova A, Fatima G. Mental Health and Well-Being in the Modern Era: A Comprehensive Review of Challenges and Interventions. Cureus. 2025; 17(1):e77683. Doi: https://doi.org/10.7759/cureus.77683
27. Maurer DM, Raymond TJ, Davis BN. Depression: Screening and diagnosis. American Family Physician. 2018; 98(8):508-515. https://www.aafp.org/pubs/afp/issues/2018/1015/p508.html
28. medtechnews.uk. A Comprehensive Review of Depression: Etiology, Diagnosis, Treatment, and Future Directions. MedTechNews, February 12, 2025. https://medtechnews.uk/research-reports/a-comprehensive-review-of-depression-etiology-diagnosis-treatment-and-future-directions/
29. Mehami A, Sharma AK, Kaur P, Gill NS. Depression: A comprehensive review of its pathophysiology, epidemiology, types, and management. International Journal of Pharmacology and Clinical Research. 2025; 7(2):109-113. DOI: https://doi.org/10.33545/26647613.2025.v7.i2b.97
30. mind.help. Treatment for depression: 10 best options and self-care tips, 2025. https://www.mind.help
31. Patel V, *et al*. The Lancet Commission on global mental health. The Lancet. 2018; 392(10157):1553-1598.
32. Paykel ES. Basic concepts of depression. Dialogues in Clinical Neuroscience. 2008; 10(3):279-289.
33. Repetti RL, Taylor SE, Seeman TE. Risky families and mental health outcomes. Psychological Bulletin. 2002; 128(2):330-366.
34. Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. Science. 2020; 370(6522):eaay0214.
35. Santomauro DF, Herrera AMM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, *et al*. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. The Lancet. 2021; 398(10312):1700-1712. Doi: https://doi.org/10.1016/S0140-6736(21)02143-7
36. Santomauro DF, Herrera AMM, Shadid J, Zheng P, Ashbaugh C, Pigott DM, *et al.* Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. The Lancet. 2021; 398(10312):1700-1712. Doi: https://doi.org/10.1016/S040-6736(21)02143-7
37. Saveanu RV, Nemeroff CB. Etiology of depression: Genetic and environmental factors. Psychiatric Clinics of North America. 2012; 35(1):51-71. Doi: https://doi.org/10.1016/j.psc.2011.11.004
38. Seligman MEP. Helplessness: On Depression, Development, and Death. W. H. Freeman, 1975.
39. The Department of Health and Aged Care. Department of Health | What are the treatments for depression? Health.gov.au. https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-c-coping-toc~mental-pubs-c-coping-wha
40. Villarroel MA, Terlizzi EP. Symptoms of depression among adults: United States, 2019. National Center for Health Statistics, 2020.
41. WHO The global burden of disease: 2004 update [Internet]. [cited 29 March 2021]. Available from: https://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/
42. World Health Organization. Social determinants of mental health. Geneva: WHO, 2014.
43. World Health Organization. Depression and other common mental disorders: Global health estimates. World Health Organization, 2017.
44. World Health Organization. Depression: Fact sheet. https://www.who.intWorld Health Organization. (2025). Suicide prevention and mental health data, 2023. https://www.who.int
45. World Health Organization. *Depressive disorder (depression)* [Fact sheet], 2023. https://www.who.int/news-room/fact-sheets/detail/depression
46. World Health Organization. Depressive disorder (depression). World Health Organization, August 29, 2025. https://www.who.int/news-room/fact-sheets/detail/depression