Measuring Depression: From Methodology to Clinical Application

5 June 2025

Event themes (500 - 700 words)

‘Measuring depression: from methodology to clinical application’ centred around critical reflections on the measurement and diagnosis of depression, **bringing together academic, early-career researchers, clinicians, and individuals with lived experience.** A consistent theme was the complexity and imperfection of current diagnostic systems, and the challenges these pose for accurate identification, treatment, and lived experience of depression.

One of the primary discussions addressed the limitations inherent in how depression is measured in both research and clinical settings. It was widely acknowledged that existing diagnostic criteria, particularly those derived from the DSM-5 (American Psychiatric Association, 2013), often fail to capture the heterogeneity and contextual nuance of depressive experiences. The DSM-5 defines Major Depressive Disorder as the presence of at least five out of nine specified symptoms, including depressed mood and anhedonia, over a two-week period. However, participants noted that this categorical approach can result in a significant proportion of individuals being either over- or under-diagnosed, depending on how symptoms manifest or are reported.

The use of longitudinal data was another key theme. Researchers discussed the challenges of selecting appropriate measures of depression for longitudinal studies, given that commonly used instruments, such as the PHQ-9 or the CES-D, do not always identify the same individuals as being depressed. This lack of concordance can lead to inconsistent findings over time and raises important questions about validity. For example, some have argued for a move towards a more nuanced, dimensional understanding of depression that acknowledges symptom variability and trajectories over time.

A particularly impactful element of the event was the involvement of Patient and Public Involvement (PPI) contributors, who highlighted the experiential realities of undergoing assessment for depression. Several contributors described feeling unsafe, unheard, or misunderstood during clinical assessments, with concerns that rigid, checklist-style diagnostic tools often fail to accommodate complex personal histories or contextual factors such as trauma, socio-economic stress, or identity. Confidentiality was also raised as a concern, particularly regarding how information shared during assessments is documented and potentially shared within healthcare systems. These accounts reinforced the importance of patient-centred and trauma-informed approaches in both research and practice.

Another theme concerned how general practitioners (GPs) approach the diagnosis and management of depression. Discussions explored how GPs frequently operate under time and resource constraints, often relying on brief screening tools and clinical judgement. There was a call for clearer distinctions between clinical depression as a mood disorder and more generalised forms of emotional distress, such as those arising from situational or environmental factors. This aligns with calls in the literature to differentiate between “normal sadness” and clinical depression, to avoid both under- and over-medicalisation.

Finally, the event included a session focusing on cultural competency in depression assessment. Presenters discussed how standard screening tools may be interpreted differently across cultural groups, with particular attention to individuals from South Asian backgrounds. Attendees were encouraged to consider how cultural idioms of distress, stigma around mental illness, and differing understandings of mental health can all affect how symptoms are reported and interpreted. This conversation draws on findings from the PAPER study (NIHR 155654; PI: Dr Lydia Poole), where emerging results emphasise that psychiatric symptoms are not culturally neutral and must be understood within the sociocultural context of the individual.

Across all sessions, there was strong consensus on the need for more flexible, context-sensitive, and inclusive approaches to the assessment and diagnosis of depression. Participants highlighted the value of interdisciplinary collaboration, integrating lived experience, and revisiting existing measures and frameworks in light of emerging evidence and social realities. The event thus provided a timely platform for challenging dominant paradigms and exploring more equitable and accurate approaches to mental health assessment.

Feedback from our attendees included:

“Thank you for putting on such a thoughtful and interesting workshop yesterday. All the talks worked really well together in different ways such that I have come out feeling quite different and motivated RE how we think about applied depression research.”

“This workshop definitely exceeded my expectations. It was so insightful and really allowed me to think critically about the measurement of depression and the pitfalls of current methods. There was such a great range of speakers that covered some really interesting research. The lived experience panel was very valuable and really brought together the workshop. … Thanks for such a great workshop!”

Next steps - Outcome

While the event was not designed to produce immediate deliverables, it has meaningfully shaped the PAPER study’s research programme and will inform future outputs. The discussions raised important challenges around how depression is conceptualised and measured, and these insights will be incorporated into our planned publications and wider research activities.

A central theme was the need to revisit how depression is conceptualised—particularly the limitations of strictly categorical models such as those in the DSM-5, which define depression as present or absent based on symptom counts. Participants emphasised the potential value of dimensional approaches, which treat depression as existing along a continuum of severity and experience. These models allow for greater nuance and may better reflect the diversity of symptom presentations observed both in clinical practice and research.

The importance of context, culture, and lived experience in both assessment and interpretation was a recurring theme. These reflections will inform the participatory elements of our funded research, particularly in strengthening the role of Patient and Public Involvement (PPI) and ensuring sensitivity to diverse experiences and understandings of mental health.

The event also highlighted areas for further investigation, including diagnostic inconsistencies, cultural limitations of screening tools, and the distinction between depression and general distress. These themes will be addressed in forthcoming academic publications and will help us refine the theoretical and methodological approach of our research moving forward.

Acknowledgements

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Measuring
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From
Methodology
to


Paper session
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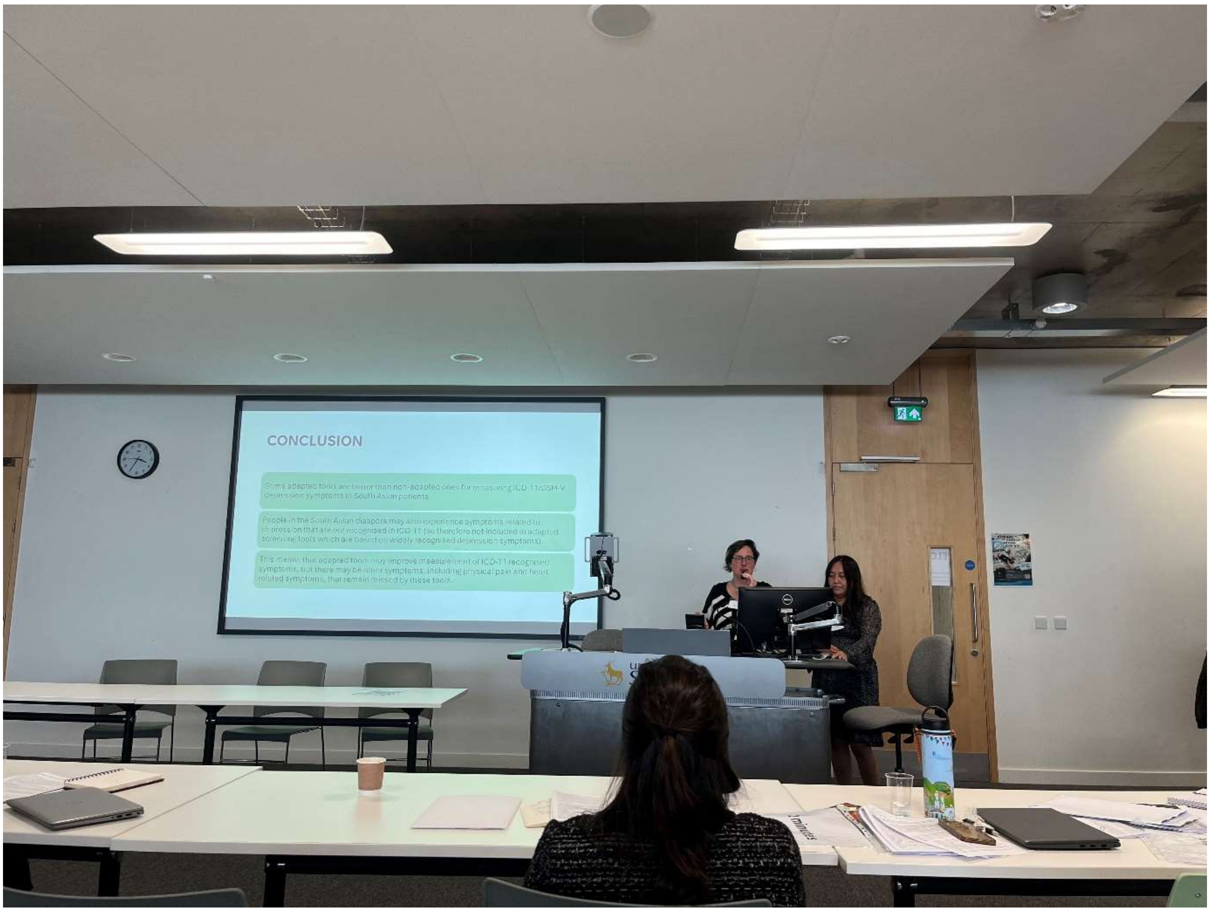

CONCLUSION

Some adapted tools are better than non-adapted ones for measuring ICD-11/DSM-V depression symptoms in South Asian patients

People in the South Asian diaspora may also experience symptoms related to depression that are *not* recognised in ICD-11 (so therefore not included in adapted screening tools which are based on widely recognised depression symptoms).

This means that adapted tools may improve measurement of ICD-11 recognised symptoms, but there may be other symptoms, including physical pain and heart related symptoms, that remain missed by these tools.