

Stepped Care approach to treating depression

In July 2008, NZGG published Identification of Common Mental Disorders and Management of Depression in Primary Care an Evidence-based Best Practice Guideline.

This guidance indicated that psychological therapy such as CBT was as effective as pharmacological therapy but better tolerated by patients and that online (computerised) CBT may be effective for the treatment of mild and moderate depression.

The guideline recommends use of a Stepped Care approach to treatment.

The Stepped Care Model

Most individuals with depression present with relatively mild disorders which are of recent onset and are amenable to treatment in a primary care setting.

Stepped Care:

- choose the least intrusive intervention required to achieve clinical change for an individual
- start with a low-intensity therapy, monitor the response and move to more intensive treatments only if the problems persists
- self-care is a major feature of this approach.

See [Chapter 2: Principles of intervention in the primary care setting](#) which also includes guidance on Culturally competent care.

First-line treatment for mild and moderate depression

Recommendations:

First-line treatment for an adult with moderate depression is either a SSRI or a psychological therapy (eg, 6-8 session of problem-solving therapy or cognitive behavioural therapy [CBT] over 10-12 weeks) – Grade B.

First-line treatment for an adult with mild depression is active support, advice on exercise and self-management, and referral to psychological helping agencies as required (eg, relationship counselling – Grade C.

See Chapter 6 Management of Depression in Adults