Depression 1: identifying the condition and offering initial treatment for adults

Depression is often under recognised. This can be addressed by using latest NICE guidance to ensure effective assessment and appropriate intervention.

The updated NICE (2009a) guideline covers the evidence base for managing depression. Since the last guideline was published, the overall framework for the provision of services adopted by NICE remains the best developed system for ensuring access to cost-effective interventions for depression, and has been adopted by the IAPT programme (Department of Health, 2007) as the framework for service delivery. In stepped care, the least intrusive, most effective intervention is provided first; if a patient does not benefit from this, or declines it, they should be offered an appropriate one from the next step.

The principles of stepped care model are consistent nationally, protocols for service access differ depending on the area and care setting. It is therefore vital for nurses to know how the model is delivered in their own area and identify the referral pathways.

**LEARNING OBJECTIVES**

- Know the procedures involved in the screening and assessment of depression and understand nurses' role in these.
- Identify the initial interventions recommended for persistent subthreshold depressive symptoms and mild to moderate depression.
- The stepped care model supports patients, carers and practitioners in identifying and accessing the most effective interventions.
- Provides detailed advice on providing interventions...
questions, this should be followed up by a more detailed assessment, which involves checking for all depressive symptoms and associated impairments and may involve using another instrument that has better overall psychometric properties, such as the Hospital Anxiety and Depression Scale (Zigmond and Snaith, 1983) or the Patient Health Questionnaire-9 (Spitzer et al, 1999).

The new guideline places greater emphasis on staff being culturally competent when performing mental health assessments and being aware of learning disabilities. They also need to broaden beyond symptom counting to consider associated impairment and disability and the wider range of psychological and social factors likely to affect the course of depression and its response to treatment.

Therefore, when assessing people with possible depression, it is important to ask about any personal and family history of depression and of elevated mood (which may indicate bipolar disorder). It can also add to the clinical picture to ask how symptoms have responded to any treatments, and about the quality of interpersonal relationships and living conditions.

If a patient has significant language or communication difficulties, the updated guideline advises using the Distress Thermometer (Roth et al, 1998), which is a visual scale on which the patient marks their response to a single question: how distressed have you been during the past week on a scale of 0 to 10? Scores of 4 or more indicate a level of distress that should be investigated further.

Any person with depression should be assessed for suicide risk; this should be part of their mental health assessment and involves questions about suicidal ideas, intentions or plans, and any history of self-harm. People who present a significant immediate risk to themselves or others, should be referred to a specialist mental health service.

**FIRST TREATMENT FOR PERSISTENT SUBTHRESHOLD SYMPTOMS AND MILD TO MODERATE DEPRESSION**

Nurses across the disciplines are often well placed to deliver or help provide interventions once depression has been recognised.

This can be achieved by nurses acting as educators, which can involve providing information or obtaining advice from an agency. Often nurses are ideally placed to monitor symptoms since they are frequently patients’ most regular point of contact with services. In addition, they can support the delivery of low intensity psychosocial interventions either as part of or in association with the IAPT programme.

### BOX 1. IDENTIFYING DEPRESSION

Consider asking people who may have depression two questions:
- During the last month, have you often been bothered by feeling down, depressed or hopeless?
- During the last month, have you often been bothered by having little interest or pleasure in doing things?

As a preliminary strategy, the new guideline advises “active monitoring” for people with mild depression, those who are likely to recover without formal treatment, those who do not want any interventions or people with subthreshold depressive symptoms who request an intervention.

Advice on improving quality of sleep may also be helpful, as sleep disturbance is a common symptom of depression.

If further intervention is required, NICE (2009a) recommends offering one or more of the following low intensity psychosocial interventions: group-based physical activity programme, guided self-help and/or computerised cognitive-behavioural therapy. As there is little evidence comparing the interventions, the choice of these should be guided by clients’ preference.

### REFERENCES


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