QUALITY STANDARDS

Placemat for Major Depression

This document is a resource for clinicians and summarizes content from the *Major Depression* quality standard.

Assessment

Quality Statement (QS) 1: Comprehensive Assessment

People suspected to have major depression have timely access to a comprehensive assessment.

If you suspect a person has major depression, complete and document a comprehensive assessment within 7 days of initial contact for suspected severe major depression or within 4 weeks of initial contact for suspected mild to moderate major depression. The assessment should include direct interviews with the person (and their families or care partners, where appropriate). Adolescents suspected to have major depression should be interviewed separately from families or care partners.

Ensure that you have the appropriate education, knowledge, and skills to provide care in a culturally appropriate, trauma-informed, anti-racist, and anti-oppressive way that recognizes people's intersectional identities.

QS 2: Suicide Risk Assessment and Intervention

People with major depression who are at considerable risk to themselves or others, including those who experience psychotic symptoms, receive immediate access to suicide risk assessment and preventive intervention.

If you suspect a person with major depression may be at risk to themselves or others, or if they show psychotic signs or report experiencing symptoms of psychosis, complete and document a full suicide risk assessment. If the person is deemed to be at risk for suicide, provide urgent preventive intervention. This includes involuntary admission to hospital, observation every 15 minutes or 1-to-1 constant observation while in hospital, urgent medication treatment, and urgent electroconvulsive therapy.

Treatment and Self-Management

QS 3: Shared Decision-Making

People with major depression jointly decide with clinicians on the most appropriate treatment for them, based on their values, preferences, and goals for recovery. They have access to a decision aid in a language they understand that provides information on the expected treatment effects, side effects, risks, costs, and anticipated waiting times for treatment options.

Involve people with major depression in all decisions regarding their treatment. Explain the potential effects, side effects, risks, and costs of all treatment options in an understandable way, and discuss how these may align with their preferences, values, and goals for recovery. Offer people with major depression and, if desired, their family or care partners a decision aid that provides this information in a language they understand (e.g., those provided by Laval University, McMaster University, and McGill University and the Ottawa Hospital Research Institute).

QS 4: Treatment After Initial Diagnosis

People with major depression have timely access to either pharmacotherapy or evidence-based psychotherapy, based on their preference, the severity of symptoms, and their ability to tolerate treatment. People with moderate to severe or persistent depression are offered a combination of both treatments.

Offer people with major depression pharmacotherapy or evidence-based psychotherapy (such as cognitive behavioural therapy or interpersonal psychotherapy). These therapies should be delivered 1 on 1 or in a group setting, include at least 12 to 26 sessions delivered twice weekly over 3 to 4 months, and be delivered

by an appropriately trained therapist in accordance with a treatment manual.

Offer a combination of pharmacotherapy and psychotherapy to people with moderate to severe or persistent major depression who have tried medications or psychotherapy without an adequate response. Monitor the risk of suicide at every clinical encounter throughout treatment (see QS 2).

QS 5: Adjunct Therapies and Self-Management

People with major depression are advised about adjunct therapies and self-management strategies that can complement pharmacotherapy or psychotherapy.

Advise people with major depression about adjunct therapies and self-management strategies that may complement pharmacotherapy or psychotherapy. These include light therapy, yoga, physical activity, cultural adaptations, guided digital health interventions, sleep hygiene, and nutrition.

QS 6: Monitoring for Treatment Adherence and Response

People with major depression are monitored for the onset of, or an increase in, suicidal thinking following initiation of any treatment. People with major depression have a follow-up appointment with their clinician at least every 2 weeks for at least 6 weeks or until treatment adherence and response have been achieved. After this, they have a follow-up appointment at least every 4 weeks until they enter remission.

Follow up at least every 2 weeks with people taking medications for at least 6 weeks or until treatment adherence and response are achieved. Then, follow up every 4 weeks until remission. Provide people with major depression with information on the importance of being consistent and continuing treatment despite improvement or side effects.

Note: People with significant risk factors such as psychotic symptoms, suicide risk, and significant side effects from medications must be followed up more frequently or for a longer duration, according to your discretion.

QS 7: Optimizing, Switching, or Adding Therapies

People with major depression who are prescribed medication are monitored for 2 weeks for the onset of effects; after this time, dosage adjustment or switching medications may be considered. People with major depression who do not experience a response to their medication after 8 weeks are offered a different or additional medication, psychotherapy, or a combination of both.

Assess people for 2 weeks after they start a new medication to determine their response. If needed, adjust the dosage or switch medications at this time. Complete an additional assessment every 2 weeks for 6 to 8 weeks. If they do not respond, offer a different medication, psychotherapy, or both.

SwitchRx.com is a tool to assist with medication titration and schedule switching. Neuroscience-Based Nomenclature classifies medications by pharmacology and mechanism of action.

QS 8: Continuation of Medication

People taking medication who enter into remission from their first episode of major depression are advised to continue their medication for at least 6 months after remission. People with recurrent episodes of major depression who are taking medication and enter into remission are advised to continue their medication for at least 2 years after remission.

Advise people who enter into remission with medication following their first episode of major depression to continue their medication for at least 6 months. Advise people who enter into remission with medication following a recurrent episode of major depression to continue their medication for at least 2 years.

QS 9: Electroconvulsive Therapy

People with severe major depression and those with difficult-to-treat depression have access to electroconvulsive therapy (ECT).

Offer ECT or provide information about ECT to people with severe major depression and to those with difficult-to-treat depression who have not

responded to adequate trials of pharmacological and nonpharmacological treatments. Also offer it as maintenance therapy to those who have previously had a positive response to it.

QS 10: Assessment and Treatment for Recurrent Episodes

People with major depression who have reached full remission but are experiencing recurrent episodes have timely access to reassessment and treatment.

Assess and treat people with major depression who had reached full remission and who are experiencing recurrent episodes within 7 days or 4 weeks, depending on symptom severity.

Community Support and Care Transitions

QS 11: Education and Support

People with major depression and their family members and care partners are offered education on major depression and information regarding community supports and crisis services.

Offer people with major depression and their families and care partners education on major depression and information on community supports and crisis services available to them. Education should be provided on the following topics: signs and symptoms of depression, treatment options and their potential effects and side effects, self-management strategies, risk of relapse, early signs and symptoms of relapse, and self-care for family members and care partners.

QS 12: Transitions in Care

People with major depression who transition from one clinician to another have a documented care plan that is made available to them and their receiving clinician within 7 days of the transition, with a specific timeline for follow-up. People with major depression who are discharged from acute care have a scheduled follow-up appointment with a clinician within 7 days.

When handing over a person's care to another clinician, ensure that the new clinician accepts the person as a patient, that the person and the new clinician each receive a documented care plan within 7 days, and that a follow-up appointment is scheduled with the new clinician. When discharging a patient from hospital, ensure they have a scheduled follow-up appointment with a clinician within 7 days of discharge.

Resources

- *Major Depressio*n quality standard and patient guide
- *Anxiety Disorders* quality standard and patient guide
- *Chronic Pain* quality standard and patient guide
- *Transitions Between Hospital and Home* quality standard and patient guide
- *Transitions From Youth to Adult Health Care Services* quality standard and guide for care partners
- Canadian Network for Mood and Anxiety Treatments (CANMAT) *2023 Update on Clinical Guidelines for Management of Major Depressive Disorder in Adults*
- The Center for Innovative Public Health Research's Center for Epidemiologic Studies Depression Scale Revised (CESD-R)
- The Columbia Lighthouse Project's Columbia-Suicide Severity Rating Scale (C-SSRS)
- Pfizer's Patient Health Questionnaire Screeners (PHQ)
- The Substance Abuse and Mental Health Services Administration's Suicide Assessment Five-Step Evaluation and Triage (SAFE-T) Card

Additional tools and resources are on Quorum

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