

QUALITY STANDARDS

Major Depression

A guide for adults
and adolescents

2025 UPDATE



Ontario
Health

Ontario Health is committed to improving the quality of health care in the province in partnership with patients, clinicians, and other organizations.

To do that, Ontario Health develops quality standards. These are documents that outline what high-quality care looks like for conditions or processes where there are large differences in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. These quality standards set out important steps to improve care. They are based on current evidence and input from an expert committee that includes patients, care partners, clinicians, and researchers.

This patient guide accompanies the quality standard on [major depression](#). It outlines the top 12 areas where clinicians can take steps to improve care for adults and adolescents with major depression. The patient guide also includes suggestions on what to discuss with your clinicians, as well as links to helpful resources.

If you or someone you care for is an adult or adolescent with major depression...

You can use this list of recommendations to help you and your clinician develop a care plan that works for you. You should use this information to become aware of what high-quality care looks like and to ask informed questions about your care. Care plans can be very different for each person, so it is important to work closely with your clinicians.

DID YOU KNOW?

“Clinicians” are health care professionals who provide care to patients or clients, including doctors, nurses, nurse practitioners, pharmacists, psychiatrists, and psychologists.

Everybody is different, and some recommendations may not apply in your situation. If you have questions about your care, **it is important to speak with your clinician.**

Top 12 areas to improve care for adults and adolescents with major depression



Quality Statement 1: Comprehensive Assessment

What the standard says

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

What this means for you

You should receive a comprehensive assessment. During an assessment, your clinician will want to learn more about you to understand how best to help you. The assessment should include questions about your physical health, your medical history, what medications you're taking, how you spend your time, and how you're feeling.

WHAT ARE THE SYMPTOMS OF DEPRESSION?

Tell your clinician if you experience any of the following, which may be symptoms of depression:

- Sadness that lasts for 2 or more weeks
- A loss of interest in doing things that used to give you pleasure
- Significant changes in your weight or appetite
- An increase or decrease in how much you sleep
- Changes in how quickly you move or speak (faster or slower)
- Tiredness or a lack of energy
- Feelings of guilt or unworthiness
- Difficulty concentrating
- Thoughts of death or suicide



Quality Statement 2: Suicide Risk Assessment and Intervention

What the standard says

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.

What this means for you

You should receive immediate help if you or your clinician feels you're at risk of harming yourself or someone else. This help might take place at your clinician's office or in an emergency department.



Quality Statement 3: Shared Decision-Making

What the standard says

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.

What this means for you

You should be given tools and information that help you to discuss your condition with your clinician and to make treatment decisions that are right for you.



Quality Statement 4: Treatment After Initial Diagnosis

What the standard says

People with major depression have timely access to initial treatment, including pharmacotherapy or evidence-based psychotherapy (or both) according to their preference, the severity of symptoms, and their ability to tolerate treatment. People for whom adequate trials of pharmacotherapy or evidence-based psychotherapy have not been effective have the option of repetitive transcranial magnetic stimulation.

What this means for you

Your clinician should offer you a choice between medication and psychotherapy to treat your depression. If your depression doesn't get better, you should be offered a combination of the 2 treatments. If after receiving at least 2 trials of medication or psychotherapy your depression doesn't get any better, ask your clinician if you can try repetitive transcranial magnetic stimulation (rTMS).

WHAT TREATMENT SHOULD I GET ONCE I AM DIAGNOSED WITH MAJOR DEPRESSION?

Medications and psychotherapy (sometimes referred to as “talk therapy”) can be effective treatments for major depression. Combining them may work best if you have moderate to severe major depression or if your symptoms have not responded well to previous treatment.

There are different psychotherapy treatments that can work for people with depression. It is important to talk about them with your clinician and to consider what is available and affordable where you live to find the best option for you. For example, psychotherapy works best when it's given by a trained therapist, one on one or in a group, for at least 12 to 16 sessions twice weekly over a period of 3 to 4 months.

If you've tried at least 2 rounds of medications or psychotherapy and your symptoms of depression are still not getting better, ask your doctor if rTMS might be right for you. rTMS is a treatment that uses gentle magnetic pulses on your head to help improve symptoms of depression. These pulses are given through a special device placed on your scalp, and they help activate certain areas of your brain. Each session usually lasts between 20 and 40 minutes, and people typically go 5 times a week for about 4 to 6 weeks.



Quality Statement 5: Adjunct Therapies and Self-Management

What the standard says

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

What this means for you

In addition to medication and psychotherapy, your clinician should offer you or give you information about other things you can do that might improve your depression. Examples include light therapy, yoga, exercise, treatments that incorporate aspects of your culture or religion, and digital programs you can do on a computer, smartphone, or tablet with support from a therapist. Maintaining a regular sleep schedule and eating well are also very important.



Quality Statement 6: Monitoring for Treatment Adherence and Response

What the standard says

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.

What this means for you

Your clinician should monitor you closely to see how you are responding to treatment and to make changes to your treatment if you are not feeling better.



Quality Statement 7: Optimizing, Switching, or Adding Therapies

What the standard says

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.

What this means for you

If you start taking a new medication, your clinician should monitor you closely to see if it's helping you and to see if you're experiencing any adverse effects. Adverse effects are unwanted effects of a medication. Examples include tiredness, upset stomach, and constipation.

If you're not feeling better after 8 weeks on this medication, your clinician should offer you another medication, psychotherapy, or a combination of medication and psychotherapy.



Quality Statement 8: Continuation of Medication

What the standard says

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.

What this means for you

To avoid the risk of your depression coming back, when you're feeling better you should keep taking your medication for a period of time recommended by your clinician. Your clinician will work with you to develop this timeline.



Quality Statement 9: Electroconvulsive Therapy

What the standard says

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

What this means for you

If your depression is severe or if it isn't getting better with medication or psychotherapy, your clinician should offer you or explain how you can get another type of treatment called electroconvulsive therapy, or ECT.

WHAT IS ELECTROCONVULSIVE THERAPY?

Electroconvulsive therapy is a procedure in which a small electrical current is passed through the brain of a person under general anaesthesia. It has been shown to improve the symptoms of some mental health conditions, including severe major depression.

Electroconvulsive therapy is usually provided about 3 times a week for 2 to 4 weeks or over 6 to 12 sessions.

WHEN IS ELECTROCONVULSIVE THERAPY OFFERED?

Electroconvulsive therapy is offered to people with severe major depression or difficult-to-treat depression when previous treatment with medication or psychotherapy has not been effective. If ECT is not right for you, ask your doctor about repetitive transcranial magnetic stimulation. It can be a gentler alternative option, it doesn't need anesthesia, and it usually causes fewer side effects.



Quality Statement 10: Assessment and Treatment for Recurrent Episodes

What the standard says

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

What this means for you

If you have recovered from depression but start feeling worse again, you should be assessed and receive treatment again. If a clinician suspects you may have severe major depression, you should have access to assessment and treatment within 7 days. If a clinician suspects you may have mild to moderate major depression, you should have access to assessment and treatment within 4 weeks.

RECURRENT EPISODES OF MAJOR DEPRESSION

People who have had an episode of major depression may experience further episodes after recovering. If a person has had 3 or more episodes, 2 of which were in the past 5 years, and if there is at least 6 months between episodes, they are said to be experiencing “recurrent episodes of major depression.”



Quality Statement 11: Education and Support

What the standard says

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.

What this means for you

Your clinician should offer you and your family members and care partners information about your condition, including signs and symptoms of major depression, treatment options and their potential side effects, and things you can do in addition to treatment that might help (for example, eating well and exercising). They should also tell you about community supports and crisis services that are available to you.



Quality Statement 12: Transitions in Care

What the standard says

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.

What this means for you

If you move from one clinician to another, you and your new clinician should each receive a written copy of your care plan from your previous clinician. Your care plan should specify a timeline for you to see your new clinician. If you have been treated for major depression in the hospital, a follow-up appointment with a new clinician should be scheduled for you before you leave the hospital, and this appointment should be within 7 days of when you go home.

WHAT IS A CARE PLAN?

A care plan is a document that provides information about your symptoms, your treatment history, and your goals for treatment. It is developed to help you, your family members, care partners, and other clinicians involved in your care understand what is needed to fulfill your care needs.

Suggestions on what to discuss with your clinician

Ask your clinician:

- What are the signs and symptoms of depression?
- What treatment options are available to me?
- What are the possible benefits and adverse effects of medication and other treatment options?
- Which type of mental health clinician is most appropriate for me? (Examples include mental health counsellors, registered psychologists, psychotherapists, psychiatrists, and social workers)
- What self-help support is available to me?
- What community supports are available to me?
- How can I motivate myself to complete my daily activities?
- Who can I contact if I start to feel worse?

Share with your clinician:

- If you are experiencing thoughts of hurting yourself or of suicide
- Any concerns or questions you have about your treatment options
- If you would like to involve a family member or care partner in your care plan
- If you are noticing any changes in your sleep pattern, eating habits, or your ability to carry out daily activities
- If you are feeling hopeless about your current situation or the future
- If you are experiencing physical symptoms that you think may be related to your mental health
- If your symptoms are getting in the way of completing your daily activities

If you are a care partner

You might have your own questions. It can help to identify yourself as the care partner of a person with major depression to their clinician. This will make sure they know and respect your questions and concerns. Let them know:

- What your role will be in helping the person manage their depression
- If you need help

Learn more

[BounceBack](#) is a free skill-building program designed to help adults and youth aged 15 years and older manage symptoms of depression and anxiety.

[The CHOICE-D Patient and Family Guide to Depression Treatment](#) is a guide to help people with depression, family members, and care partners understand the evidence-based treatments that are available for managing depression.

[ConnexOntario](#) is a 24-hour service that connects people in Ontario to mental health and addictions support where, when, and how they need it.

The [Department of Psychiatry at Sunnybrook Health Sciences Centre](#) provides information about electroconvulsive therapy.

[Informed Choices About Depression](#) provides information about “alternative treatments”: treatments that can be used in addition to medication or psychotherapy that might help people with major depression feel better.

[MoodFX](#) is an interactive website people can use to monitor their depression and anxiety symptoms.

[Understanding and Finding Help for Depression](#), from the Canadian Mental Health Association, provides information about depression and how to find help.

Ontario Health has developed other quality standards and patient guides on mental health and addictions and chronic conditions that may be useful, including:

- [Anxiety Disorders](#)
- [Chronic Pain](#)
- [Dementia](#)
- [Obsessive-Compulsive Disorder](#)
- [Opioid Use Disorder \(Opioid Addiction\)](#)
- [Problematic Alcohol Use and Alcohol Use Disorder](#)
- [Schizophrenia: Care for Adults in Hospitals](#)
- [Schizophrenia: Care in the Community for Adults](#)

Need more information?

If you have any questions or feedback about this guide, please contact us at QualityStandards@OntarioHealth.ca or 1-877-280-8538 (TTY: 1-800-855-0511).

Need this information in an accessible format? 1-877-280-8538, TTY 1-800-855-0511, info@OntarioHealth.ca

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