

Stepped care is a system of delivering health technologies so that the most effective yet least resource-intensive treatment is delivered to patients first.

In depression care, traditional treatment (especially non-pharmacological) has involved psychological therapies, which are effective, but relatively resource intensive (especially in relation to demand). However, less resource intensive versions delivered via facilitated books and information technology have been developed (so-called *low intensity interventions*).

Stepped care aims to enhance efficiency by providing low-intensity treatments to a proportion of depressed patients in the first instance, before providing higher intensity treatment to those that do not improve with the first step.

Stepped care is best seen as the product of two simple principles.

1. The principle of 'least burden': effective low-intensity treatments are offered to patients first and high-intensity treatments only offered to patients who are at risk to self or others, have a previous history of treatment failure or do not improve from initial treatment.
2. The principle of 'scheduled review': this is required so that patients can 'step up' to more intensive treatments or change to another intervention within the same step. Scheduled reviews use objective outcome measures to assist decision-making.

The NICE depression guideline stepped care model is shown below.

Focus of the Intervention	Nature of the Intervention
<b>Step 4:</b> Severe and complex depression; risk to life; severe self-neglect	Medication, high-intensity psychological interventions, electroconvulsive therapy, crisis service, combined treatments, multiprofessional and inpatient care
<b>Step 3:</b> Persistent subthreshold depressive symptoms or mild to moderate depression with inadequate response to initial interventions; moderate and severe depression	Medication, high-intensity psychological interventions, combined treatments, collaborative care and referral for further assessment and interventions
<b>Step 2:</b> Persistent subthreshold depressive symptoms; mild to moderate depression	Low-intensity psychological interventions, psychological interventions, medication and referral for further assessment and interventions
<b>Step 1:</b> All known and suspected presentations of depression	Assessment, support, psychoeducation, active monitoring and referral for further assessment and interventions

The core change in a stepped care system for depression is the addition of step 2. If significant numbers of patients can be treated at this level without requiring further treatment, the available resources to manage depression can be used to treat a greater number of patients, providing both access and effectiveness and thus greater system efficiency.