





PROTOCOL

1


Depression

- » Provide psychoeducation to the person and their carers. (2.1) 
- » Reduce stress and strengthen social supports. (2.2)
- » Promote functioning in daily activities and community life. (2.3)
- » Consider antidepressants. (2.5) 
- » If available, consider referral for one of the following brief psychological treatments: interpersonal therapy (IPT), cognitive behavioural therapy (CBT), behaviour activation and problem-solving counselling. (2.4)
- »  **DO NOT** manage the symptoms with ineffective treatments, e.g. vitamin injections.
- » Offer regular follow-up. 

PROTOCOL

2

Depression in Bipolar Disorder

- » Consult a specialist. 
- » If a specialist is not immediately available, follow treatment for depression (**PROTOCOL 1**). However, NEVER prescribe antidepressants alone without a mood stabilizer such as lithium, carbamazepine or valproate because antidepressants can lead to mania in people with bipolar disorder (Go to **»PSY**).
- » If symptoms of mania develop, tell the person and the carers to stop the antidepressant immediately and return for help.

Special populations

Note that interventions may differ for these populations



CHILD/ADOLESCENT

- » For management of depression in children/adolescents, go to **»CMH**.



WOMEN WHO ARE PREGNANT OR BREASTFEEDING

- » Follow treatment for depression (**PROTOCOL 1**) but AVOID antidepressants if possible, especially during the first trimester.
- » If no response to psychological treatment, consider using with caution the lowest effective dose of antidepressants.
- » If breastfeeding, avoid long acting medication such as fluoxetine.
- » CONSULT A SPECIALIST, if available. 