Table 4

NICE stepped care model for depression, adapted from NG134[18]

Focus	Action
Detection and referral	Risk profiling
Recognition	Identification in presenting children or young people
Mild depression (including dysthymia)	Watchful waiting Digital CBT, group CBT, group IPT or group NDST Individual CBT Attachment-based family therapy
Moderate to severe depression	**5-11 year olds** Family-based IPT Family therapy (attachment based/systemic) Psychodynamic psychotherapy Individual CBT ± fluoxetine **12-18 year olds** Individual CBT± fluoxetine IPT-A Family therapy (attachment based or systemic) Brief psychosocial intervention Psychodynamic psychotherapy ± fluoxetine
Depression unresponsive to treatment/recurrent depression/ psychotic depression	*Intensive psychological therapy ± fluoxetine, sertraline, citalopram, augmentation with an antipsychotic

CBT = cognitive behaviour therapy IPT = interpersonal therapy NDST = non-directive supportive therapy
Depression should be managed in CAMHS unless mild and brief. Mild depression that does not resolve in primary care within 3 months should be referred to CAMHS
*Recommended psychological treatments are individual CBT, family therapy, interpersonal therapy, or psychodynamic psychotherapy