**Clinical Practice Guidelines: Major Depressive Disorder - Adult**

**Major Depressive Disorder: Outpatient Care**

Eligibility Criteria

1. Based on Intake and/or MCO screening admission to Outpatient Level of Care is indicated due to **ALL** of the following:
2. Person served risk or severity of behavioral health disorder is appropriate to proposed level of care and patient has active symptoms that require ongoing treatment as indicated by the following:
	1. Mild [psychiatric, behavioral, or other comorbid conditions for adult](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)[[C](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)]
	2. [Mild dysfunction in daily living for adult](https://careweb.careguidelines.com/ed24/bhg/15436402.htm)
3. Treatment services available in an outpatient level of care are necessary to meet person served needs, and **1 or more** of the followingis present:
	1. Person Served specific condition related to admission diagnosis is present and judged likely to further improve at the outpatient level of care.
	2. Recommended treatment is necessary and appropriate, given patient condition or history.
	3. Person Served is willing to participate in treatment voluntarily.
	4. Person Served has sufficient ability to respond as planned to individual and group therapeutic interventions.
	5. [Biopsychosocial stressors](https://careweb.careguidelines.com/ed24/bhg/15436402.htm) have been assessed and are absent or manageable at proposed level of care (eg, any identified deficits can be managed by program directly or through alternative arrangements).

**Evaluation**

1. Exploration of acute precipitants
2. Psychiatric, social, medical, and substance use histories
3. Mental status examination and determination of symptom severity as indicated.
4. Symptoms and functioning assessed regularly through assessments such as the PHQ-9, Life Events Checklist, and the Columbia-Suicide Severity Rating Scale (C-SSRS).
5. Level of care assessed through the Level of Care Utilization System (LOCUS).

**Medication**

1. Possible antidepressant medication, possible medication review and adjustment.

**Interventions and Therapy**

1. Possible regular safety checks between visits
2. Establish a crisis plan with patient and supports
3. Clinical management and psychoeducation
4. Possible psychosocial therapy (cognitive behavioral therapy or interpersonal therapy (1-2 sessions per week)
5. Medical Care (eg, primary care evaluation, collaborative care)
6. Referral for other treatment, as clinically appropriate, (eg, Bright Light Therapy, ECT, Transcranial Magnetic Simulation)
7. Case management as needed and appropriate
8. Monitoring Person Served for deterioration and comorbid conditions.

**Discharge Criteria**

Outpatient care is generally necessary to continue until **1 or more** of the following:

 1. Adequate person served stabilization or improvement as indicated by **ALL** of the following:

* + - No recent thoughts of suicide or serious harm to self
		- No recent thoughts of homicide or serious harm to another
		- Person served and supports, as appropriate, understand follow-up treatment and crisis plan.

 2. Functional improvement sufficient as indicated by **1 or more** of the following:

* + - Minimal or no current impairment in self-care or role functioning attributable to psychiatric disorder
		- Functioning optimized as indicated by all of the following:
			* Functioning stable with current treatment and support
			* No current plan for significant change in treatment or re-evaluation

 3. Symptom relief sufficient as indicated by **ALL** of the following:

* + - Treatment goals met
		- Symptom status acceptable as indicated by ALL of the following:
			* Symptoms stabilized
			* No current plan for significant change in treatment or re-evaluation

4. Medical needs absent or manageable at available lower level of care as indicated by **ALL** of the following:

* + - Adverse medication effects absent or manageable
		- Medical comorbidity absent or manageable
		- Medical complications absent or manageable (eg, complications of eating disorder)
		- Substance-related disorder absent or manageable