The National Institute of Clinical Excellence (NICE) has recommended that some psychological therapies, namely CBT and some of its variations are provided for clients with mild to moderate depression (NICE, 2009). This recommendation is based on evidence from randomised controlled trials and systematic reviews, study designs which form the basis of all NICE guidelines. Organisations in the US and Canada have also recommended CBT and IPT for treating depression (Parikh et al, 2009; Wolf and Hopko, 2008). However there are a wide range of studies of depression which have been published, and not all are incorporated in the guidelines. This overview of the evidence for psychological therapies is based on a systematic search of a number of databases in relation to counselling and psychological therapies for depression. Due to the volume of evidence, its main focus is on systematic reviews (as these summarise the best available evidence) however individual studies for a range of therapeutic interventions are also presented, particularly if they were unlikely to have been included in the systematic reviews listed.

Overall these studies show that a wide range of psychological therapies are effective in treating depression. This includes in both primary and secondary care; and for mild, moderate, severe and sub threshold depression across a range of age groups. Modality or type of intervention appears to make little difference in terms of effectiveness, all have similar effects. Pharmacologic interventions, however are more effective than psychological interventions for severe depression. A great deal of work has been summarised by Cuijpers et al who have developed a database of studies and performed a range of meta-analyses which are outlined below and summarised in Cuijpers et al (2011).

However, a number of systematic reviews noted limitations in the evidence provided, namely short follow up times, small sample sizes, lack of randomized studies, lack of control groups and heterogeneity between studies making comparisons difficult. Furthermore one study also cautions that there has been a publication bias leading to an overestimation of the treatment effects obtained for psychotherapy for adult depression (Cuijpers et al, 2010).

The evidence from studies included in this overview has been summarised in the form of evidence tables, which give a brief overview of each study (based on the abstracts) and are arranged in a hierarchy of evidence (systematic reviews and randomised controlled trials then other empirical studies). More information can be found by locating and reading the full journal articles, those marked with * are available free and open access via the internet. The articles selected for inclusion in the overview are primarily those which are higher up the evidence hierarchy, have been published since 2005 and are applicable to the UK.

Notes

This bulletin is based on searches of PubMed, Psychinfo and NHS Evidence from 2000 onwards. Searches were conducted in April 2012 and updated in December 2012. Items have been selectively included with a main focus on systematic reviews of psychological therapies. Where abstracts have been amended from the Psychinfo database, they are marked AA. The overview has been written using the abstracts of the articles and no attempt has been made to critically appraise the full text.

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Quick Reference Guide - Depression, National Institute for Health and Clinical Excellence.*	CBT, group CBT, guided self help (based on CBT principles), computerised CBT	Quick reference guide that summarises NICE recommendations made to NHS in the following two clinical guidelines: Depression: the treatment and management of depression in adults (update) (NICE clinical guideline 90). Depression in adults with a chronic physical health problem: treatment and management (NICE clinical guideline 91).	For people with persistent subthreshold depressive symptoms or mild to moderate depression, consider offering one or more of the following interventions, guided by the person's preference: – individual guided self-help based on the principles of cognitive behavioural therapy (CBT) – computerised CBT (CCBT)1 a structured group physical activity programme.

Bortolotti, B., M. Menchetti, et al. (2008). "Psychological interventions for in primary care: A meta-analytic review of randomized controlled trials." General Hospital Psychiatry 30(4): 293-302.	Psychological interventions	Meta-analyses to compare psychological forms of intervention with either usual GP care or antidepressant medication for major depression	The main analyses between 10 trials showed greater effectiveness of psychological intervention over usual GP care in both the short and long term . The comparison between psychological forms of intervention and antidepressant medication yielded no effectiveness differences, for either the short term or the long term. The authors concluded that psychological forms of intervention are significantly linked to clinical improvement in depressive symptomatology.
Cape, J., C. Whittington, et al. (2010). "Brief psychological therapies for anxiety and depression in primary care: meta-analysis and meta-regression." BMC Med 8: 38.*	Brief psychological therapies	Meta-analyses to compare the effectiveness of different types of brief psychological therapy administered within primary care across and between anxiety, depressive and mixed disorders.	Thirty-four studies, involving 3962 patients, were included. Most were of brief cognitive behaviour therapy (CBT; n = 13), counselling (n = 8) or problem solving therapy (PST; n = 12). There was differential effectiveness between studies of CBT, with studies of CBT for anxiety disorders more effective than studies of CBT for depression or studies of CBT for mixed anxiety and depression. Counselling for depression and mixed anxiety and depression and problem solving therapy (PST) for depression and mixed anxiety and depression were also effective. Controlling for diagnosis, meta-regression found no difference between CBT, counselling and PST.

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1675-85; quiz 1839-41.		the effects of a pharmacologic treatment.	interventions compared with pharmacologic treatments (odds ratio = 0.66, 95% CI = 0.47 to 0.92). CONCLUSIONS: Pharmacologic treatments may be more effective than psychological interventions in the treatment of dysthymia. Pharmacologic treatment with SSRIs may also be more effective in the treatment of major depressive
Cuijpers, P., A. van Straten, et al. (2010). "The effects of psychotherapy for adult depression are overestimated: A meta-analysis of study quality and effect size." Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences 40(2): 211-223.	Psychotherapy	To examine whether the quality of the studies examining psychotherapy for adult depression is associated with the effect sizes found.	Using a database of 115 randomized controlled trials in which 178 psychotherapies for adult depression were compared to a control condition we found strong evidence that the effects of psychotherapy for adult depression have been overestimated in meta-analytical studies. Although the effects of psychotherapy are significant, they are much smaller than was assumed until now, even after controlling for the type of control condition used.

systematic review and meta-analysis." Psychiatry Research 187(3): 441-453.	psychiatric patients	2) MBCT plus gradual discontinuation of maintenance ADs was associated to similar relapse rates at 1 year as compared with continuation of maintenance antidepressants (1 study), 3) the augmentation of MBCT could be useful for reducing residual depressive symptoms in patients with MD (2 studies) and for reducing anxiety symptoms in patients with bipolar disorder in remission (1 study) and in patients with some anxiety disorders (2 studies).

psychotherapy for depression: a meta-analysis." Am J Psychiatry 168(6): 581-92.		research on the effects of IPT.	control group was 0.63. Ten studies comparing IPT and other psychological treatments showed a nonsignificant differential effect size favoring IPT. Pharmacotherapy was more effective than IPT and combination treatment was not more effective than IPT alone, although the paucity of studies precluded drawing definite conclusions. Combination maintenance treatment with pharmacotherapy and IPT was more effective in preventing relapse than pharmacotherapy alone. Authors conclude that IPT efficaciously treats depression, both as an independent treatment and in combination with pharmacotherapy.

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			conditions and subjects in which these positive effects are realized.
de Mello, M. F., J. de Jesus Mari, et al. (2005). "A systematic review of research findings on the efficacy of interpersonal therapy for depressive disorders." European Archives of Psychiatry and Clinical Neuroscience 255(2): 75-82.	IPT	To summarize findings from controlled trials of the efficacy of IPT in the treatment of depressive spectrum disorders	

			found at 3-month (d=-0.05) and 12-month (d=-0.29) follow-up. Studies employing STPP in groups (d=0.83) found significantly lower pre-treatment to post-treatment effect sizes than studies using an individual format (d=1.48). Supportive and expressive STPP modes were found to be equally efficacious (d=1.36 and d=1.30, respectively).
Ekers, D., D. Richards, et al. (2008). "A meta-analysis of randomized trials of behavioural treatment of depression." Psychological Medicine: A Journal of Research in Psychiatry and the Allied Sciences 38(5): 611-623.	Behavioural therapies	Systematic review of behavioural therapy for depression	Seventeen randomized controlled trials including 1109 subjects were included in this meta-analysis. A random-effects meta-analysis of symptom-level post-treatment showed behavioural therapies were superior to controls, brief psychotherapy, supportive therapy and equal to cognitive behavioural therapy Concluded that this study indicates behavioural therapy is an effective treatment for depression with outcomes equal to that of the current recommended psychological intervention.
Jakobsen, J. C., J. L. Hansen, et al. (2011). "The effect of interpersonal psychotherapy and other psychodynamic therapies versus 'treatment as usual' in patients with major depressive disorder." PLoS ONE 6(4): e19044.	IPT and Psychodynamic	Systematic review methodology with meta-analysis and trial sequential analysis of randomized trials comparing the effect of psychodynamic therapies versus 'treatment as usual' for major depressive disorder.	We included six trials randomizing a total of 648 participants. Five trials assessed 'interpersonal psychotherapy' and only one trial assessed 'psychodynamic psychotherapy'. All six trials had high risk of bias. Meta-analysis on all six trials showed that the psychodynamic interventions significantly reduced depressive symptoms compared with 'treatment as usual'. DISCUSSION: We did not find convincing evidence supporting or refuting the effect of interpersonal psychotherapy or psychodynamic therapy compared with 'treatment as usual' for patients with major depressive disorder. The potential beneficial effect seems small and effects on major outcomes are unknown. Randomized trials with low risk of systematic errors and low risk of random errors are needed.
Lau, M. A. (2008). "New developments in psychosocial interventions for adults with unipolar depression." Curr Opin	Psychosocial interventions	To summarize psychotherapy efficacy studies across the depression treatment continuum and the effectiveness of psychosocial	New psychotherapies in the acute treatment of mild-moderate depression include emotion-focused therapy, self-system therapy, cognitive control training and positive psychotherapy. Furthermore, emerging evidence supports the use of psychotherapy for moderate-severe and treatment-resistant depression and for recurrent depression with a seasonal pattern.

Psychiatry 21(1): 30-6.		interventions in community settings.	An important area of growth is the development and evaluation of continuation/maintenance treatments based on cognitive behavioral therapy and interpersonal therapy to reduce depressive relapse risk in recurrent and chronic depression. Finally, there is evidence supporting the effectiveness of stepped care, chronic disease management and collaborative care models in community settings.
Parker, G. and K. Fletcher (2007). "Treating depression with the evidence-based psychotherapies: A critique of the evidence." Acta Psychiatrica Scandinavica 115(5): 352-359. –	CBT/IPT	Systematic review of the limitations of studies of CBT and IPT	The specificity of CBT and IPT treatments for depression has yet to be demonstrated. The superiority of CBT and IPT may well be able to be demonstrated across defined rather than universal circumstances. To achieve this aim, outcome research should move away from testing treatments as if they have universal application for heterogeneous disorder categories.

Cuijpers, P., A. van Straten, et al. (2009). "Is psychotherapy for depression equally effective in ? A meta-regression analysis." Int Psychogeriatr 21(1): 16-24.	Psychological therapies	Meta-analysis comparing younger and older client groups	112 studies with 170 comparisons between a psychotherapy and a control group (with a total of 7,845 participants). Twenty studies with 26 comparisons were aimed at older adults. We found no indication that psychotherapies were more or less effective for older adults compared to younger adults. The effect sizes of both groups of comparisons did not differ significantly from each other (older adults: d = 0.74; 95% CI: 0.49-0.99; younger adults: d = 0.67; 95% CI: 0.58-0.76). There appears to be no significant difference between psychotherapy in younger and older adults, although it is not clear whether this is also true for clinical samples, patients with more severe depression, and the older old.
Cuijpers, P., F. Smit, et al. (2007). "Psychological treatments of subthreshold depression: a meta-analytic review." Acta Psychiatr Scand 115(6): 434-41.	Psychological treatments	Meta-analysis of randomized controlled studies examining the effects of psychological treatments for subthreshold depression, including the effects on depressive symptoms and the preventive effects on the incidence of major depression.	Seven high-quality studies with a total of 700 subjects were included. The mean effect size at post-test was 0.42, with very low heterogeneity. The relative risk of developing a major depressive disorder in subjects who received the intervention was 0.70 (95% CI: 0.47-1.03; P = 0.07). Authors concluded that psychological treatments have significant effects on subthreshold depression. Furthermore, these interventions may prevent the onset of major depression.

Carreira, K., M. D. Miller, et al. (2008). "A controlled evaluation of monthly maintenance interpersonal psychotherapy in late-life depression with varying levels of cognitive function." Int J Geriatr Psychiatry 23(11): 1110-3.	IPT	To evaluate the effect of maintenance Interpersonal Psychotherapy (IPT) on recurrence rates and time to recurrence of major depression in elderly patients	Two-year maintenance study of monthly maintenance IPT vs supportive clinical management (CM) in remitted depressed elderly who were participants in a previously reported placebo-controlled study of maintenance paroxetine and IPT (Reynolds et al., 2006). The authors observed a significant interaction between cognitive status and treatment: lower cognitive performance was associated with longer time to recurrence in IPT than in CM (58 weeks vs 17 weeks) (HR = 1.41 [95% CI = 1.04, 1.91], p = 0.03). Subjects with average cognitive performance showed no effect of maintenance IPT vs CM on time to recurrence (38 vs 32 weeks, respere recurren-2(o)-TJE423.31 2cT/F2 9.9cluc

			the study throughout the maintenance phase experienced a recurrence. These results suggest that maintenance IPT, even at a frequency of only one visit per month, is a good method of prophylaxis for women who can achieve remission with IPT alone. In contrast, among those who require the addition of pharmacotherapy, IPT monotherapy represents a significantly less efficacious approach to maintenance treatment.
Talbot, N. L., L. H. Chaudron, et al. (2011). "A randomized effectiveness trial of interpersonal psychotherapy for depressed women with sexual abuse histories." Psychiatr Serv 62(4): 374-80.	IPT	To compare interpersonal psychotherapy with usual care psychotherapy among women in a CMHC.	

			benefit of psychotherapy occurs at least as rapid as the response to antidepressants.
van Schaik, D. J., H. W. van Marwijk, et al. (2007). "Interpersonal psychotherapy (IPT) for late-life depression in general practice: uptake and satisfaction by patients, therapists and physicians." BMC Fam Pract 8: 52.	IPT	To evaluate IPT in general practice for older patients	Patients were motivated for the psychotherapy intervention: of the 205 eligible patients, 143 (70%) entered the study, and of the 69 patients who were offered IPT, 77% complied with the treatment. IPT proved to be an attractive therapy for patients as well as for therapists from mental health organizations. General practitioners evaluated the intervention positively afterwards, mainly because of the time-limited and structured approach. Organizational barriers: no IPT therapists were available; an IPT trainer and supervisor had to be trained and training materials had to be developed and translated. Additionally, there was a lack of office space in some general practices; for therapists from private practices it was not feasible to participate because of financial reasons. IPT was superior to usual care in patients with moderate to severe depression.
Zobel, I., S. Kech, et al. (2011). "Long-			