

Other non-pharmacological therapies for depression that have been discussed in the literature and in guidelines include reminiscence, mindfulness^G, behavioural activation^G, and music therapy. See Table 5 for a list of interventions (the list is not an exhaustive; rather, the table contains examples of interventions and key findings about each particular intervention from the literature). Organizations may need to consider resource implications, because some therapies require specialized staff and collaboration between staff, and some require significant staff time (Housden, 2009). It is important to note that although some therapies may be outside the scope of practice for nurses (e.g., music therapy), nurses can reinforce the benefits of, advocate for, and support the use of such therapies.

Table 5: Interventions for Depression

NON-PHARMACOLOGICAL INTERVENTIONS	
PSYCHOTHERAPY	
General	
■	Psychotherapy is recommended together with antidepressants in primary care (O'Connor et al., 2009).
■	Psychotherapy may be beneficial for people with depression in long-term care (Cody & Drysdale, 2013).
■	Psychological interventions with antidepressants can be used for moderate or severe depression (NICE, 2011).
■	Psychological interventions added to usual care can reduce symptoms of depression and anxiety for people with dementia (Orgeta et al., 2014).
Behavioural therapy^G	
■	Behavioural therapy appears to have comparable effectiveness with alternative psychotherapies (Samad et al., 2011).
Cognitive behavioural therapy (CBT)	
■	CBT showed positive findings (e.g., improved mood) (Gould, Coulson, & Howard, 2012; Kiosses et al., 2011; Krishna et al., 2011; Regan & Varanelli, 2013; Simon, Cordas, & Bottino, 2015).
■	CBT is recommended for individuals (SIGN, 2010) and groups (Krishna et al., 2011).
■	Computerized CBT, delivered via computer- or web-based programs, may be appropriate for treating mild to moderate depression (NICE, 2009; NICE, 2011).
Interpersonal therapy^G	
■	Interpersonal therapy is recommended for treating mild or moderate depression (NICE, 2011).
Problem-solving therapy^G	
■	Problem-solving therapy showed positive findings in two studies (Kiosses et al., 2011; Regan & Varanelli, 2013).
■	Problem-solving therapy should be delivered by highly qualified or experienced therapists (NICE, 2012b).

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NON-PHARMACOLOGICAL INTERVENTIONS CONT...**EXERCISE****Exercise**

- Exercise may reduce the severity of depression (Bridle et al., 2012).
- Tai Chi reduced self-reported depression (Chi et al., 2013).
- Benefits of exercise programs/exercise therapy may include decreased symptoms, improved quality of life, and improved self-esteem (Park et al., 2014).
- Structured group physical activity is appropriate for people with mild to moderate depression (NICE, 2011).
- Exercise should be tailored to an individual's abilities (Bridle et al., 2012).

PSYCHOLOGICAL AND SOCIAL INTERVENTIONS**Reminiscence**

- Reminiscence may have therapeutic benefits in long-term care settings (socialization), but should be facilitated by a trained practitioner (Housden, 2009).

Behavioural activation

- Behavioural activation was recommended in two clinical guidelines (SIGN, 2010; Trangle et al., 2016).

Mindfulness

- Mindfulness-based cognitive therapy, when practiced in a group setting, may help reduce relapse in people with recurrent depression (SIGN, 2010).

Peer support or self-help

- Peer support or self-help may be appropriate for mild to moderate depression (NICE, 2012b) and those with a chronic physical health problem (NICE, 2011).

Music therapy

- Music therapy may reduce anxiety and depression, but must be individualized (Ueda et al., 2013; Wall & Duffy, 2010).

Animal therapy

- There is insufficient evidence to recommend animal therapy, but it may have beneficial effects on the severity of depressive symptoms in older adults living in long-term-care or psychiatric institutions (SIGN, 2010).

ELECTROCONVULSIVE THERAPY (ECT)**ECT**

- ECT may be considered for treatment of severe, life-threatening depression, or when other treatments have failed (NICE, 2009).

PHARMACOLOGICAL INTERVENTIONS**Antidepressants**

- Antidepressants are important for the treatment of severe major depression (Conn et al., 2014).
- SSRIs are usually the preferred antidepressants (NICE, 2012b), including for people in long-term care (Conn et al., 2014).
- Antidepressants are recommended together with non-pharmacological treatments (NICE, 2011; O'Connor et al., 2009).
- The evidence supporting the use of antidepressants for people with depression and dementia is unclear (Nelson & Devanand, 2011).