

Treatment options comparison

Four common pathways, on the same axes. Fill in your priorities on page 2.

A. THERAPY ALONE (EVIDENCE-BASED PSYCHOTHERAPY)

Common types: cognitive behavioral therapy, behavioral activation, interpersonal therapy, mindfulness-based cognitive therapy. Time to effect: several weeks; typical course 12 to 20 sessions. Asks of you: weekly attendance, between-session practice. Access and cost: therapist wait times can be long; check insurance or sliding-scale. Risks: minimal medical risk; can bring up hard content. Evidence: strong for mild to moderate; adjunctive for severe.

B. MEDICATION ALONE (ANTIDEPRESSANT)

First-line choices: SSRIs, SNRIs, bupropion, mirtazapine. Time to effect: some by 2 weeks, full effect often 4 to 8 weeks. Asks: taking daily, tracking side effects, follow-up visits. Access and cost: relatively easy to start; generics usually low cost. Risks: manageable side effects, small increase in suicidal thoughts in adolescents and young adults at start, need to taper to stop. Evidence: strong for moderate to severe.

C. BOTH (THERAPY PLUS MEDICATION)

Combines the two above. Time to effect: therapy gains overlay on medication timeline. Asks: everything both pathways ask. Access and cost: two providers to coordinate; may cost more. Risks: everything both pathways carry. Evidence: strongest for moderate to severe and for depression that has not responded to either alone.

D. WATCHFUL WAITING

Only appropriate for mild, short-duration depression with no safety concerns and with someone monitoring. Track symptoms with PHQ-9, adjust lifestyle factors (sleep, movement, structure, substance use), reassess in a defined window (2 to 4 weeks). Risks: symptoms worsen without treatment, delayed care. Not appropriate for moderate to severe depression, active suicidal thoughts, or functional impairment.

EDUCATIONAL USE ONLY

For educational purposes only. This worksheet from DepressionResource.org is general education, not medical advice, diagnosis, or treatment, and using it does not create a doctor-patient relationship. It is not a substitute for care from a licensed clinician who knows your situation. Laws, standards, and health practices vary by location; it is your responsibility to check the rules of your jurisdiction and to adapt this material or create your own documents as needed. If you may be in danger or are thinking about suicide, call or text 988 in the US, or call 911 in an emergency.

Your priorities

Rank each from 1 (most important to you) to 6 (least important).

PRIORITIES (1 TO 6, EACH USED ONCE)

Fastest possible relief: ____ Fewest medication side effects: ____ Lowest cost: ____ Least time per week: ____ Learning skills I can use later: ____ Something I can start and manage on my own: ____

ACCESS CONSTRAINTS (CHECK WHAT APPLIES)

Insurance covers behavioral health. Primary care doctor could prescribe. Wait times of 3+ months for in-network psychiatry. Access to telepsychiatry. Existing therapist or one I want to work with. Cost is the main barrier. Time is the main barrier.

YOUR RESERVATIONS (BIGGEST WORRY ABOUT EACH PATHWAY)

Therapy:

Medication:

Both:

Watchful waiting:

FIRST CHOICE AND WHY

FALLBACK IF FIRST CHOICE IS NOT AVAILABLE

EDUCATIONAL USE ONLY

For educational purposes only. This worksheet from DepressionResource.org is general education, not medical advice, diagnosis, or treatment, and using it does not create a doctor-patient relationship. It is not a substitute for care from a licensed clinician who knows your situation. Laws, standards, and health practices vary by location; it is your responsibility to check the rules of your jurisdiction and to adapt this material or create your own documents as needed. If you may be in danger or are thinking about suicide, call or text 988 in the US, or call 911 in an emergency.