



Advanced Anxiety and Depression Service Management Training Course

1 – 5 March 2027
Rome

Advanced Anxiety and Depression Service Management Training Course

Ref: 1418_204675 **Date:** 1 – 5 March 2027 **Location:** Rome **Fees:** 5700 Euro

Overview

Advanced Anxiety and Depression Service Management Training Course is a one-week course for healthcare leaders, behavioral health managers, clinical operations leaders, quality leaders, employee wellbeing leaders, and care coordinators who leave with an Anxiety and Depression Service Pathway Dossier. Participants connect anxiety and depression service management, stepped care, collaborative care, measurement-based care, and behavioral health integration with access, safeguarding, equity, referral, and improvement. Agile Leaders Training Center presents mental health service pathways as a governed organizational capability.

Who Should Attend

- Healthcare governance functions responsible for mental health access, accountability, and service oversight
- Behavioral health functions responsible for pathway design, coordination, and referral quality
- Clinical operations functions responsible for triage workflows, escalation, and continuity
- Quality functions responsible for measures, equity, safeguarding, and improvement controls
- Employee wellbeing functions responsible for service boundaries and referral networks
- Multidisciplinary coordination functions responsible for handoffs and shared responsibilities

The course assumes participants already govern health or workplace wellbeing services and leaves out clinical diagnosis, individual treatment selection, counseling skills, and personal mental health advice.

Departments and Industries

The course supports departments and industries responsible for designing, coordinating, measuring, or improving anxiety and depression service pathways.

- Hospitals, clinics, and integrated care networks
- Behavioral health, primary care, and community health services
- Clinical operations, quality, and patient safety departments
- Employee wellbeing and occupational health functions
- Insurance, care management, and health technology organizations
- Education, humanitarian, and social support services

Learning Objectives

By the end of this course, participants will be able to:



- Analyze pathway governance, access, equity, and service boundaries
- Apply triage, safeguarding, and escalation controls
- Build stepped-care and referral pathway artifacts
- Use measurement-based care and registry routines
- Evaluate multidisciplinary coordination and workforce capability
- Design quality measures and sustainable improvement actions

Course Agenda

Day 1: Pathway Governance and Access

- Service Pathway Governance Charter and Accountability Map
- Access, Demand, and Equity Assessment Canvas
- Service Scope and Workforce Boundary Guide
- Stakeholder and Referral Network Map
- Safeguarding Governance and Oversight Checklist

Day 2: Triage and Stepped Care

- Triage Decision and Escalation Matrix
- Stepped-Care Pathway Design Blueprint
- Matched-Care Decision Criteria Grid
- Risk Handoff and Urgent Referral Protocol
- Waitlist Monitoring and Deterioration Control Log

Day 3: Coordination and Service Integration

- Collaborative Care Responsibility Matrix
- Multidisciplinary Case Coordination Rhythm
- Primary and Specialist Care Interface Map
- Workplace Wellbeing Referral Boundary Model
- Information-Sharing and Continuity Control Checklist

Day 4: Measurement and Improvement

- Measurement-Based Care Scorecard
- Behavioral Health Registry Requirements Specification
- Treatment-to-Target Review Workflow
- Service Quality and Equity Dashboard
- Capability and Sustainability Roadmap



Day 5: Service Pathway Practice

- Exercise: Map Governance, Access, and Service Boundaries
- Exercise: Build a Triage and Stepped-Care Pathway
- Exercise: Test Coordination and Referral Handoffs
- Exercise: Review Measures, Equity, and Safeguarding
- Capstone Exercise: Anxiety and Depression Service Pathway Dossier

Practical Exercises

The course uses suggested activities drawn from healthcare, workplace wellbeing, education, and community support settings.

- Suggested activity: map service scope, access routes, equity barriers, responsibilities, and safeguarding oversight.
- Suggested activity: design triage, escalation, stepped-care, matched-care, and urgent referral decision points.
- Suggested activity: test multidisciplinary handoffs, information-sharing controls, and referral boundaries across settings.
- Suggested activity: assemble registry requirements, measures, review routines, and improvement actions in the capstone dossier.

FAQs

Who suits advanced anxiety and depression service management training, and what does it assume?

Advanced anxiety and depression service management training suits experienced leaders who govern behavioral health, clinical operations, quality, employee wellbeing, or coordinated care and already manage service pathways, teams, referrals, or improvement work.

How does anxiety and depression service management differ from clinical mental health training?

Anxiety and depression service management focuses on governance, access, pathways, coordination, measurement, safeguarding, and improvement, while clinical mental health training develops assessment and treatment competencies for individual care.

How should stepped care organize anxiety and depression services?

Stepped care should define access routes, entry criteria, service levels, review points, escalation triggers, referral options, ownership, and data requirements so people can move to suitable support when needs or outcomes change.



What does measurement-based care require from service managers?

Measurement-based care requires agreed measures, collection points, registry ownership, review cadence, follow-up rules, escalation logic, data-quality checks, and feedback that informs pathway and service decisions.

How can behavioral health integration improve anxiety and depression pathways?

Behavioral health integration can improve pathways through shared roles, coordinated access, defined handoffs, information continuity, case review, referral feedback, and clear boundaries between primary, specialist, workplace, and community services.

Conclusion

The course connects governance, access, triage, stepped care, collaboration, measurement, safeguarding, equity, referral, and improvement. Participants take back an Anxiety and Depression Service Pathway Dossier. The dossier changes service management by making boundaries, decisions, responsibilities, measures, escalation routes, and improvement actions explicit and reviewable.