Depression is one of the leading causes of disability and affects 10-15% of the population. Around 70% of all patients with depression are treated in primary care and around 75% of antidepressants are prescribed by GPs. Depression is estimated to be as much as 50% undiagnosed, often co-occurring with other diseases. Early detection and treatment of co-occurring depression is thought to improve prognosis of course, function and return to work. However, improvements of early detection and treatment of depression in primary care is intensely investigated. Screening does not appear to produce any significant benefit: a Cochrane systematic review of RCTs conducted in non-mental health settings showed that use of instruments did not significantly increase the use of any intervention. Likewise, the use of diagnostic instruments is time-consuming and does not seem to improve outcomes when used in the primary care setting. Recently, a literature review concerning instruments for suicide screening did not find any of the instruments, recommended for clinical use, to reach acceptable positive predictive values.

The aim is to explore how:
- case finding and diagnostics of mental health problems can be improved
- psychological instruments can be best and most efficiently used in the primary care context.

**Method:** workshop presentations of studies accomplished in primary care to test alternative ways of improving case finding and diagnostics:
- Using the doctor as screening instrument for depression
- Efficient use of M.I.N.I.
- How to increase case-finding and treatment effects by care management.

**Results:** Hitherto, the effectiveness concerning case finding, screening and diagnostics is highest when conducted by primary care professionals with broad knowledge of both primary care and communication skills. The workshop can increase our shared knowledge by actively discussing study results and effective use of diagnostic and self-assessment instruments.