Depressive and anxiety disorders are prevalent diseases that are often seen in primary care. Despite recent advances in the treatment of these conditions, many patients are not adequately diagnosed and do not receive evidence-based care according to medical guidelines which causes prolonged suffering and increased health care costs. In this presentation we will introduce projects in which innovative strategies are tested to improve pathways of care for patients with mental disorders. Either of these projects aims to increase access to evidence-based care by modelling transitions and bridging gaps in service provision caused by barriers in the health care system. In the first project we are testing a guided self-help intervention for patients with mild to moderate depression in primary care (TIDe Study). The intervention draws on the principles of cognitive-behavioural therapy (CBT) and is delivered over the telephone by psychotherapists based on general practitioners' referrals. The second project is part of the National Research Programme 74 "Smarter Healthcare". The aims of the CoLiPri trial are to improve detection of mental disorders in primary care and to improve access to evidence-based treatments. To this end we are implementing a complex consultation-liaison intervention which is being tested in a cluster-randomized trial in primary care patients with depression and anxiety disorders. Finally, the NaTel Study tackles the transition phase after the termination of acute-phase therapy in patients with recurrent or chronic depression who have an increased risk for relapse. In this ongoing multicentre clinical trial patients who have undergone in- or outpatient psychotherapy are offered a brief CBT-based telephone maintenance intervention to train relapse prevention skills and support the transition to everyday life. We will discuss the clinical strategies and methods applied as well as potential challenges to implementation in the Swiss health care system.