

Depression in Children and Adolescents

Red flags



🚩 Suicidality

Background

▼ About depression in children and adolescents

Assessment

1. Screen for depression – consider targeted screening in patients with:
 - ▼ specific presenting complaints .
 - ▼ risk factors for depression .
 - a history of ▼ adverse childhood experiences (ACE) .
2. Take a detailed history from the patient, and also from teachers and parents if available. Consider:
 - ▼ history of the problem .
 - ▼ personal history .
 - ▼ psychosocial history .
 - any co-morbid developmental delays.
 - any co-morbid mental illness, e.g. anxiety, eating disorder, trauma.
 - ▼ symptoms of depression .
3. Consider using the ▼ HEEADSS Assessment tool for adolescents.
4. Assess suicide risk using ▼ direct questions .
5. Perform a physical examination:
 - Measure weight and height and plot on a growth chart .
 - Perform a ▼ targeted examination according to symptoms.
6. Arrange investigations as clinically indicated, e.g. FBC, ▼ urea and electrolytes , LFT, iron studies, thyroid stimulating hormone (TSH).
7. Diagnose the patient with:
 - mild depression if they have persistent low mood with anhedonia or tiredness plus 2 ▼ other relevant symptoms .

- moderate depression if they have persistent low mood with anhedonia or tiredness plus 3 to 4 [other relevant symptoms](#) .
- severe depression if they have persistent low mood with anhedonia or tiredness plus 4 or more [other relevant symptoms](#) .

The symptoms must lead to significant distress and impact on the patient's functioning.

Management

Severe depression

1. Request:
 - acute child and adolescent mental health assessment if the patient is at imminent risk of suicide.
 - urgent child and adolescent mental health assessment if the patient is not at imminent risk of suicide for further assessment and consideration of antidepressant therapy.
2. If the patient is at risk of significant harm, request [child safeguarding assessment](#).
3. If a significant eating disorder is suspected, follow the [Eating Disorders in Children and Youth pathway](#).
4. If the patient has co-morbid developmental delays, request [routine paediatric medicine assessment](#).
5. Establish a strong [therapeutic relationship](#) with the patient.
6. Provide patient information and signpost to [self-help and online CBT resources](#) .
7. Promote [healthy eating](#) .
8. Encourage [physical activity](#) and reduce screen time if it is seen to have a negative impact on mental health.
9. Offer advice on [sleep](#) hygiene if appropriate.
10. Consider requesting [social prescribing assessment](#) to support the patient and their family. Be aware that some PCN locations have a specific worker for children and adolescents.

Moderate depression

1. If the patient is at risk of significant harm, request [child safeguarding assessment](#).
2. If a significant eating disorder is suspected, follow the [Eating Disorders in Children and Youth pathway](#).
3. If the patient has co-morbid developmental delays, request [routine paediatric medicine assessment](#).
4. Establish a strong [therapeutic relationship](#) with the patient.
5. Provide patient information and signpost to [self-help and online CBT resources](#) .
6. Promote [healthy eating](#) .

7. Encourage [physical activity](#) and reduce screen time if it is seen to have a negative impact on mental health.
8. Offer advice on [sleep](#) hygiene if appropriate.
9. Consider requesting [social prescribing assessment](#) to support the patient and their family. Be aware that some PCN locations have a specific worker for children and adolescents.
10. If symptoms persist despite support from primary care or if impact on everyday life is severe, request [routine child and adolescent mental health assessment](#) for further support and consideration of antidepressant therapy:
 - Arrange regular follow-up while awaiting assessment.
 - Advise the patient to present again if any of their symptoms worsen.

▼ Mild depression

Request

- If imminent risk of suicide, request [acute child and adolescent mental health assessment](#).
- If severe depression, request [urgent child and adolescent mental health assessment](#).
- If the patient is at risk of significant harm, request [child safeguarding assessment](#).
- If co-morbid developmental delays, request [routine paediatric medicine assessment](#).
- Request [routine child and adolescent mental health assessment](#) if moderate depression, has not responded to advice and support from primary care for 2 to 3 months.
- Consider requesting [social prescribing assessment](#) to support the patient and their family.

Information

▼ For health professionals

Education

North Cumbria HealthPathways – [Continuing Professional Development](#)

Further information

- NICE Clinical Knowledge Summaries (CKS) – [How Should I Assess a Child or Young Person for Depression?](#)
- NICE Guidance – [Depression in Children and Young People: Identification and Management](#)

▼ For patients



SOURCES

References

1. [Royal College of Psychologists](#). Royal College of Psychologists; Depression in Children and Young People: For Young People. 2022 Feb 1. [cited 2022 Feb 7].
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