Irritability is often the primary presenting symptom in children with depression. Depression can cause impairments in sleep, thinking, energy, paying attention, and feelings of worthless or hopelessness.

**ASSESSMENT**

- AAP recommends annual screening for ages 12 and older, or risk factors at any age
- Acceptable to use ANY self-report screening tool to detect elevated risk
  - Patient Health Questionnaire 9 (PHQ9a, modified for adolescents 11–17 years old)
  - Short Mood and Feelings Questionnaire (ages 6 and older)
- Interview patient (alone) to determine if suicidality is present
- Diagnose depressive disorder using DSM 5 Criteria ("SIG E CAPS")

**SIGECAPS: (Depression Symptoms)**

- Sleep disturbance
- It isn’t fun (loss of interest/anhedonia)
- Guilt/worthlessness
- Energy low (anergy)
- Can’t concentrate/ Difficulty concentrating
- Appetite changes
- Psychomotor—slow thoughts, speech and movement
- Suicidal thoughts/ focus on death

**PHQ9**

- PHQ9>5—At risk, possible mild Major Depressive Disorder (MDD)
- PHQ9>10—Very likely meets criteria for MDD

**STANDARD WORKUP**

- Family psychiatric history
- Psychosocial history (see risk factors)
- Significant change from baseline for at least 2 weeks AND either
  - Irritable/depressed mood with 3 SIGECAPS symptoms
  - Anhedonia with 4 or more SIGECAPS symptoms

**DEPRESSION RISK FACTORS**

- Psychosocial adversity
- Life stressor
  - Foster care
  - Adverse childhood events
  - Peer isolation; bullying
- Family history of psychiatric disorder
- Chronic medical condition, including obesity
- Medical issues affecting the brain (including Covid-19, concussion)

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**

which should prompt a consultation or referral to a psychiatric specialist

- Evidence of self-injury
- Psychosis
- Repeated alcohol and drug use
- Violent or aggressive behaviors
- Suicide related behaviors or thoughts
- Mania (decreased need for sleep, pressured speech, prolonged irritated rage or euphoria)

**SUICIDALITY PRESENT**

- Utilize suicide risk screen to detect risk, Ask Suicide-Screening Questions (AsQ). If trained clinician available, recommend Columbia Suicide Severity Rating Scale for Primary Care to assess how quickly a full safety evaluation by a trained professional is needed.
- SAFETY PLAN for all levels of suicidality risk

**SAFETY PLAN ELEMENTS**

See reverse side algorithm.

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For urgent questions, call 24/7 Cincinnati Children’s PIRC 513-636-4124.

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Tool developed by Cincinnati Children’s physician-hospital organization (known as Tri-State Children’s Health Services, Inc.) and staff in the James M. Anderson Center for Health Systems Excellence. Developed using expert consensus and informed by Best Evidence Statements, Care Practice Guidelines, and other evidence-based documents as available. For Evidence-Based Care Guidelines and references, see www.cincinnatichildrens.org/evidence.
Depression—Assessment

**Inclusion Criteria**
Annually screen all children 12 years or older, or at any age if mental health concerns are present.

**Patient Presents**

**Assessment**
- Any self-report depression tool to detect elevated risk
  - Consider Patient Health Questionnaire (PHQ9) for ages 11–17
  - Consider Short Mood & Feelings Questionnaire for age 6+
- Interview alone and ask about suicidality (ASQ or CSSR, below)
- Diagnose depressive disorder using DSM-5 criteria (SIG E CAPS, see front of tool for descriptions)

**Standard Workup**
- Family psychiatric history
- Psychosocial history (adversity, life stressors: foster care, adverse life events, peer isolation, bullying)
- History of concussion or head injury
- Medical issues affecting the brain (including COVID19)

**HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS**
(Prompt referral or urgent consultation with child and adolescent psychiatrist)
- Evidence of self-injury
- Psychosis
- Repeated alcohol and/or drug use
- Violent or aggressive behaviors
- Suicide-related behavior or thoughts
- Manic symptoms

**SUICIDALITY**
- Use Suicide-Screening Questions (ASQ) quick tool to see if suicidality risk is present.
- Use Columbia Suicide Severity Rating Scale for Primary Care (CSSR-PC). It guides clinical response of appropriate wait time for full safety evaluation by specialist.
- Initiate safety plan for all levels of suicidality risk (see below)

**Safety Plan Elements**
1. Increase adult supervision
2. Restrict/remove access to lethal means
3. Establish communication strategies
   - Discuss positive strategies for high-risk scenarios (avoid isolating by...; list of loved ones; grounding techniques; etc.)

**Referral**
- Acute Crisis Support (urgent psychiatry safety evaluation needed)
  - Call current crisis team OR
  - Call Cincinnati Children’s PIRC—513-636-4124 to coordinate rapid evaluation
- Direct Psychiatric Physician Consultation
  - Priority link (same day response)—513-636-7997 or 1-888-987-7997
  - Epic Link message (response within 72 hours)
- Psychiatric Resources or Rapid SAFETY ASSESSMENT SUPPORT
  - Call Cincinnati Children’s PIRC—513-636-4124
- Medical Emergency (concern for ingestion/mental status change, etc)
  - Send to nearest Emergency Room

**Suicide Prevention/Crisis Resources**

**988 Suicide & Crisis Lifeline**
The Lifeline provides 24/7, free and confidential support for people in distress; prevention and crisis resources; and best practices for professionals in the U.S.

**National Suicide Prevention Lifeline:** 800-273-TALK (8255)

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link® at 1-888-987-7997.