Depression—Assessment

Irritability is often the primary presenting symptom in children with depression. Depression can cause impairments in sleep, thinking, energy and the ability to care about yourself and others.

**ASSESSMENT**

- AAP recommends annual screening for ages 12 and older, or risk factors at any age
- Acceptable to use ANY validated depression 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
- History of concussion
- Medical issues affecting the brain (including Covid19)

**HPE RED FLAGS** which should prompt a referral to a behavioral health specialist

- Evidence of self-injury
- Psychosis
- Repeated alcohol and drug use
- Violent or aggressive behaviors
- Suicide related behaviors or thoughts

**SUICIDALITY PRESENT**

- Recommend Columbia Suicide Severity Rating scale for Primary Care (CSSRs-PC)
- Differentiates how quickly a mental health specialist should complete a full safety evaluation.
- SAFETY PLAN for all levels of suicidality risk

**SAFETY PLAN ELEMENTS**

- Positive strategies to counter triggers (talking to..., list of loved ones, etc)
- Increase supervision
- Restrict/remove access to lethal means
- Communication strategy in different situations

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

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**

<table>
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<tr>
<th>Inclusion Criteria</th>
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<td>Screened children (12+ years old or with symptoms at any age)</td>
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### Patient Presents

#### Assessment
- Any validated 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 determine if suicidality present
- 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
- Medical issues affecting the brain (including COVID19)

#### HPE RED FLAGS (Prompt referral to behavioral health specialist)
- Evidence of self-injury
- Psychosis
- Repeated alcohol and/or drug use
- Violent or aggressive behaviors
- Suicide-related behavior or thoughts

#### SUICIDALITY
- Columbia Suicide Severity Rating Scale for Primary Care (CSSR-PC)
- Differentiate how quickly mental health specialist should do complete safety evaluation
- Safety plan for all suicidality risk

#### Safety Plan Elements
- Positive strategies to counter triggers
- Increase supervision
- Restrict/remove access to lethal means
- Communication strategy in different situations

### 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 888-636-7997
  - 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

For urgent issues, or to speak with the specialist on call 24/7, call the Physician Priority Link at 1-888-636-7997.