

Depression—Assessment

FAST FACTS

only 50%

of adolescents' depression is diagnosed before adulthood

as many as 2 out of 3

youth with depression are not identified by their PCP and fail to receive any kind of care

REFERRAL

Acute Crisis Support (urgent psychiatry safety evaluation needed)

- Call current treatment team, **OR CALL PIRC** to coordinate rapid evaluation.

Direct Psychiatric Physician Consultation

- Call Priority Link 24/7 (same day response) 513-636-7997 or 1-888-987-7997, or use EPIC-Link messaging (response up to 72 hrs)

Psychiatric Resources or Rapid SAFETY ASSESSMENT SUPPORT

- Call PIRC 513-636-4124

Medical Emergency (concern for ingestion/mental status change, etc)

- Send to nearest Emergency Room

See separate practice tool:
Depression—Management

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

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

Psychemotor – 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

If you would like additional copies of this tool, or would like more information, please contact the Physician Outreach and Engagement team at Cincinnati Children's.

Depression—Assessment

Inclusion Criteria

Screened children (12+ years old or with symptoms at any age)

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

- | | | | |
|--|--|---|--|
| <p>Acute Crisis Support (urgent psychiatry safety evaluation needed)</p> <ul style="list-style-type: none"> Call current crisis team OR Call Cincinnati Children's PIRC—513-636-4124 to coordinate rapid evaluation | <p>Direct Psychiatric Physician Consultation</p> <ul style="list-style-type: none"> Priority link (same day response)—513-636-7997 or 1-888-987-7997 Epic Link message (response within 72 hours) | <p>Psychiatric Resources or Rapid SAFETY ASSESSMENT SUPPORT</p> <ul style="list-style-type: none"> Call Cincinnati Children's PIRC—513-636-4124 | <p>Medical Emergency (concern for ingestion/mental status change, etc)</p> <ul style="list-style-type: none"> Send to nearest Emergency Room |
|--|--|---|--|

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