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 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

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)

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

HPE (HISTORY AND PHYSICAL EXAM) RED FLAGS

• 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 if or when a patient should have a full mental health evaluation.
• SAFETY PLAN for all levels of suicidality risk

SAFETY PLAN ELEMENTS

See reverse side algorithm.

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

### Inclusion Criteria

An 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 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 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
- History of concussion or head injury
- Medical issues affecting the brain (including COVID19)

### 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 (avoid isolating by..., list of loved ones, grounding techniques, etc)
- 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 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

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