

Depression overview

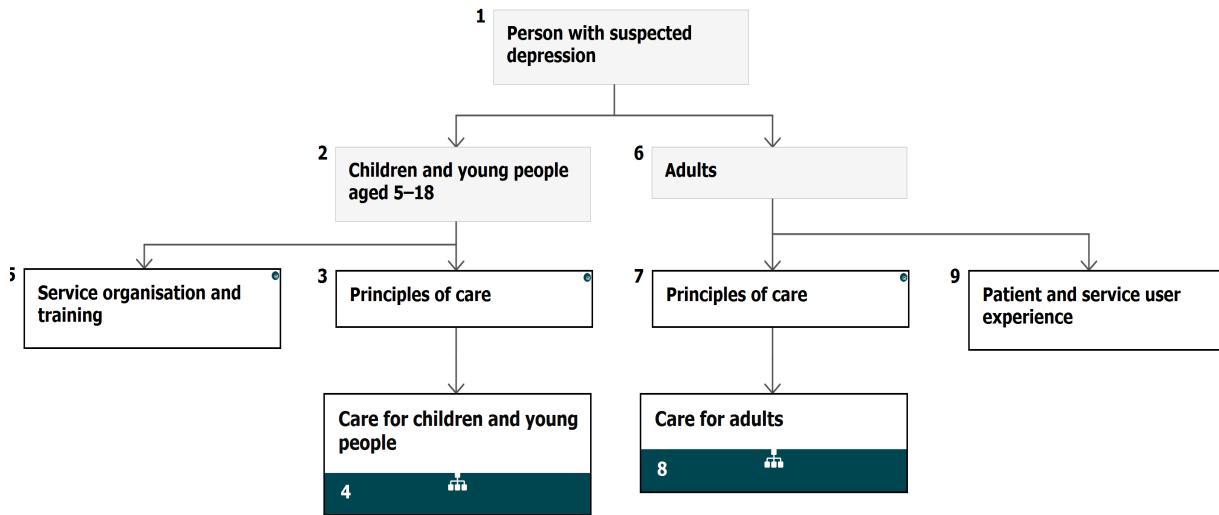
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/depression>

NICE Pathway last updated: 10 September 2018

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Person with suspected depression

No additional information

2 Children and young people aged 5–18

No additional information

3 Principles of care

Good information, informed consent and support

Provide the child/young person and parent(s)/carer(s) with age-appropriate information at a suitable time. It should cover the nature, course and treatment of depression, and the likely side-effect profile of medication should this be offered.

Build a supportive and collaborative relationship with both the child/young person and family/carers.

Engage the child/young person and the parent(s)/carer(s) in treatment decisions so that they can give meaningful and properly informed consent before treatment starts.

Inform families and carers of self-help groups and support groups and encourage participation where appropriate.

Language and ethnic minorities

Provide the following in the language of the patient and their family/carers where possible:

- written information (including information about medication and local services)
- audiotaped material
- psychological therapies.

Seek professional interpreters for those whose preferred language is not English.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Depression in children and young people

2. Information appropriate to age

4 Care for children and young people

See Depression / Care for children and young people with depression

5 Service organisation and training

Organisation and planning of services

CAMHS and local healthcare commissioning organisations should:

- consider introducing a primary mental health worker (or CAMHS link worker) into each secondary school and secondary pupil referral unit as part of tier 2 provision within the locality
- routinely monitor detection, referral and treatment rates of children/young people with mental health problems from all ethnic groups in local schools and primary care
- use information about these rates to plan services, and make it available for local, regional and national comparison.

Primary mental health workers (or CAMHS link workers) should:

- establish clear lines of communication between CAMHS and tier 1 and tier 2, with named contact people in each tier/service
- develop systems for the collaborative planning of services for young people with depression in tiers 1 and 2.

All healthcare and CAMHS professionals should:

- routinely use, and record in the notes, appropriate outcome measures (e.g. HoNOSCA or SDQ), for assessing and treating depression in children/young people
- use this information from outcome measures to plan services, and make it available for local, regional and national comparison.

Commissioners and strategic health authorities should ensure that:

- inpatient treatment is available within reasonable travelling distance to enable family involvement and maintain social links
- inpatient admission occurs within an appropriate time scale

- immediate inpatient admission can be offered if necessary
- inpatient services have a range of interventions available including:
 - medication
 - individual and group psychological therapies
 - family support
- inpatient facilities are age appropriate and culturally enriching and can provide suitable educational and recreational activities.

Training and development

Managers of services need to ensure that training and development for healthcare professionals who are involved in the detection, recognition, assessment and treatment of children and young people with depression is available in the areas below. In particular, healthcare professionals specialising in depression in children and young people should work with local CAMHS to enhance specialist knowledge and skills. This work should include providing training and help with guideline implementation.

Detection and risk profiling – tier 1

Healthcare professionals in primary care, schools and other relevant community settings should be trained in:

- detection of depressive symptoms and assessment of children/young people who may be at risk of depression. Training should include:
 - the evaluation of recent and past psychosocial risk factors, such as:
 - ◇ age
 - ◇ gender
 - ◇ family discord
 - ◇ bullying
 - ◇ physical, sexual or emotional abuse
 - ◇ history of parental depression
 - the natural history of single loss events
 - the importance of multiple risk factors
 - ethnic and cultural factors
 - factors known to be associated with a high risk of depression and other health problems such as:
 - ◇ homelessness
 - ◇ refugee status

- - ◇ living in institutional settings
- developing ethnically and culturally sensitive systems for detecting, assessing, supporting and referring children and young people who are either depressed or at significant risk of depression
- communications skills such as 'active listening' and 'conversational technique'.

In the provision of training by CAMHS professionals, give priority to the training of pastoral support staff in schools (particularly secondary schools), community paediatricians and GPs.

Healthcare professionals in primary care should be familiar with screening for mood disorders. They should have regular access to specialist supervision and consultation.

Recognition – tiers 2–4

Tier 2–4 CAMHS professionals should be trained in improving accuracy in diagnosing depressive conditions. Interviewer-based instruments (such as K-SADS and CAPA) could be used but will require modification for regular use in busy routine CAMHS settings.

Tier 3 CAMHS professionals who specialise in the treatment of depression should be trained in interviewer-based assessment instruments (such as K-SADS and CAPA) and have skills in nonverbal assessments of mood in younger children.

Inpatient care – tier 4

Tier 4 CAMHS professionals involved in assessing children/young people for possible inpatient admission should be specifically trained in:

- issues of consent and capacity
- use of current mental health legislation
- use of childcare laws

as they apply to this group of patients.

Language and ethnic minorities – all tiers

Healthcare professionals in primary, secondary and relevant community settings should be trained in cultural competence to aid in the diagnosis and treatment of depression in children and young people from black and minority ethnic groups. (Training should consider the impact of the patient's and healthcare professional's racial identity status on the patient's depression.)

Healthcare professionals working with interpreters should be provided with joint training

opportunities to ensure that both understand the specific requirements within a mental health setting.

Stakeholders (involving patients and their families and carers, including members of black and minority ethnic groups) should be involved in development and evaluation of services.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Depression in children and young people

1. Confirming and recording a diagnosis
5. Monitoring progress

6 Adults

No additional information

7 Principles of care

Information, support and consent

When working with people with depression and their families and carers:

- build a trusting relationship and explore treatment options with hope and optimism, explaining the different courses of depression and that recovery is possible
- be aware of possible stigma and discrimination associated with depression
- ensure that confidentiality, privacy and dignity are respected
- provide information about depression and its treatment, and about self-help groups, support groups and other resources
- ensure that comprehensive written information is available in the appropriate language and in audio format if possible
- provide independent interpreters if needed.

Be sensitive to diverse cultural, ethnic and religious backgrounds, and aware of possible variations in the presentation of depression. Ensure competence in:

- culturally sensitive assessment

- using different explanatory models of depression
- addressing cultural and ethnic differences when developing and implementing treatment plans
- working with families from diverse ethnic and cultural backgrounds.

Provide all interventions in the person's preferred language where possible.

Ensure that the person can give meaningful and informed consent before treatment starts, especially if they have severe depression or are subject to the Mental Health Act. Consent should be based on the provision of clear information (also provided in writing) covering:

- what the intervention comprises
- what is expected of the person while having it
- likely outcomes (including side effects).

Supporting families and carers

When families or carers are involved in supporting a person with severe or chronic¹ depression, consider:

- providing written and verbal information on depression and how they can support the person
- providing information about local family or carer support groups and voluntary organisations, and helping families or carers to access these
- offering a carer's assessment
- negotiating confidentiality and the sharing of information between the person and their family or carers.

Effective delivery of care

All interventions should be delivered by competent practitioners. Psychological and psychosocial interventions should be based on the relevant treatment manual(s), which should guide their structure and duration. Practitioners should consider using competence frameworks developed from the relevant treatment manual(s) and for all interventions should:

- receive regular high-quality supervision
- use routine outcome measures and ensure that the person with depression is involved in reviewing the efficacy of treatment
- monitor and evaluate treatment adherence and practitioner competence.

¹ Depression is described as 'chronic' if symptoms have been present more or less continuously for 2 years or more.

Additional considerations for people with a chronic physical health problem

If a person's care is shared between primary and secondary care, there should be clear agreement between practitioners (especially the person's GP) on the responsibility for monitoring and treating that person. Share the treatment plan with the person and (if appropriate) with their family or carer.

If a person's chronic physical health problem restricts their ability to engage with a psychosocial or psychological intervention for depression, discuss alternatives with the person, such as antidepressants or delivering the interventions by telephone if mobility or other difficulties prevent face-to-face contact.

See what NICE says on [multimorbidity](#).

Treatment based on depression subtype and personal characteristics

- **Do not routinely vary** treatment strategies by depression subtype (for example, atypical depression or seasonal depression) or personal characteristics (for example, sex or ethnicity).
- Advise people with winter depression who wish to try light therapy that the evidence for the efficacy of light therapy is uncertain.

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Depression in adults

2. Practitioner competence
3. Recording health outcomes

8 Care for adults

[See Depression / Care for adults with depression](#)

9 Patient and service user experience

See what NICE says on:

- patient experience
- service user experience.

Glossary

CAMHS

child and adolescent mental health services

CAPA

child and adolescent psychiatric assessment

CBT

cognitive behavioural therapy

CCBT

computerised cognitive behavioural therapy

DSM-IV

diagnostic and Statistical Manual of Mental Disorders

ECT

electroconvulsive therapy

HoNOSCA

Health of the Nation Outcome Scales for Children and Adolescents

ICD-10

International Statistical Classification of Diseases and Related Health Problems (tenth edition)

IPT

interpersonal therapy

K-SADS

schedule for affective disorders and schizophrenia for school-age children

MAOI

monoamine oxidase inhibitor

MFQ

mood and feelings questionnaire

Mild depression

few, if any, symptoms of depression in excess of the 5 required to make the diagnosis, and symptoms result in only minor functional impairment, according to DSM-IV

Moderate depression

symptoms of depression or functional impairment are between mild and severe

NSAID

non-steroidal anti-inflammatory drug

SDQ

strengths and difficulties questionnaire

Severe depression

most symptoms of depression according to DSM-IV, and the symptoms markedly interfere with functioning. Can occur with or without psychotic symptoms

SSRI

selective serotonin reuptake inhibitor

Subthreshold depressive symptoms

fewer than 5 symptoms according to DSM-IV

TCA

tricyclic antidepressant

Tier 1

primary care services including GPs, paediatricians, health visitors, school nurses, social workers, teachers, juvenile justice workers, voluntary agencies and social services

Tier 2

child and adolescent mental health services relating to workers in primary care including clinical child psychologists, paediatricians with specialist training in mental health, educational psychologists, child and adolescent psychiatrists, child and adolescent psychotherapists, counsellors, community nurses/nurse specialists and family therapists

Tier 3

specialised child and adolescent mental health services for more severe, complex or persistent disorders including child and adolescent psychiatrists, clinical child psychologists, nurses (community or inpatient), child and adolescent psychotherapists, occupational therapists, speech and language therapists, art, music and drama therapists, and family therapists

Tier 4

tertiary-level child and adolescent mental health services such as day units, highly specialised outpatient teams and inpatient units

Sources

[Depression in adults with a chronic physical health problem: recognition and management](#) (2009) NICE guideline CG91

[Depression in adults: recognition and management](#) (2009 updated 2016) NICE guideline CG90

[Depression in children and young people: identification and management](#) (2005 updated 2017) NICE guideline CG28

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.