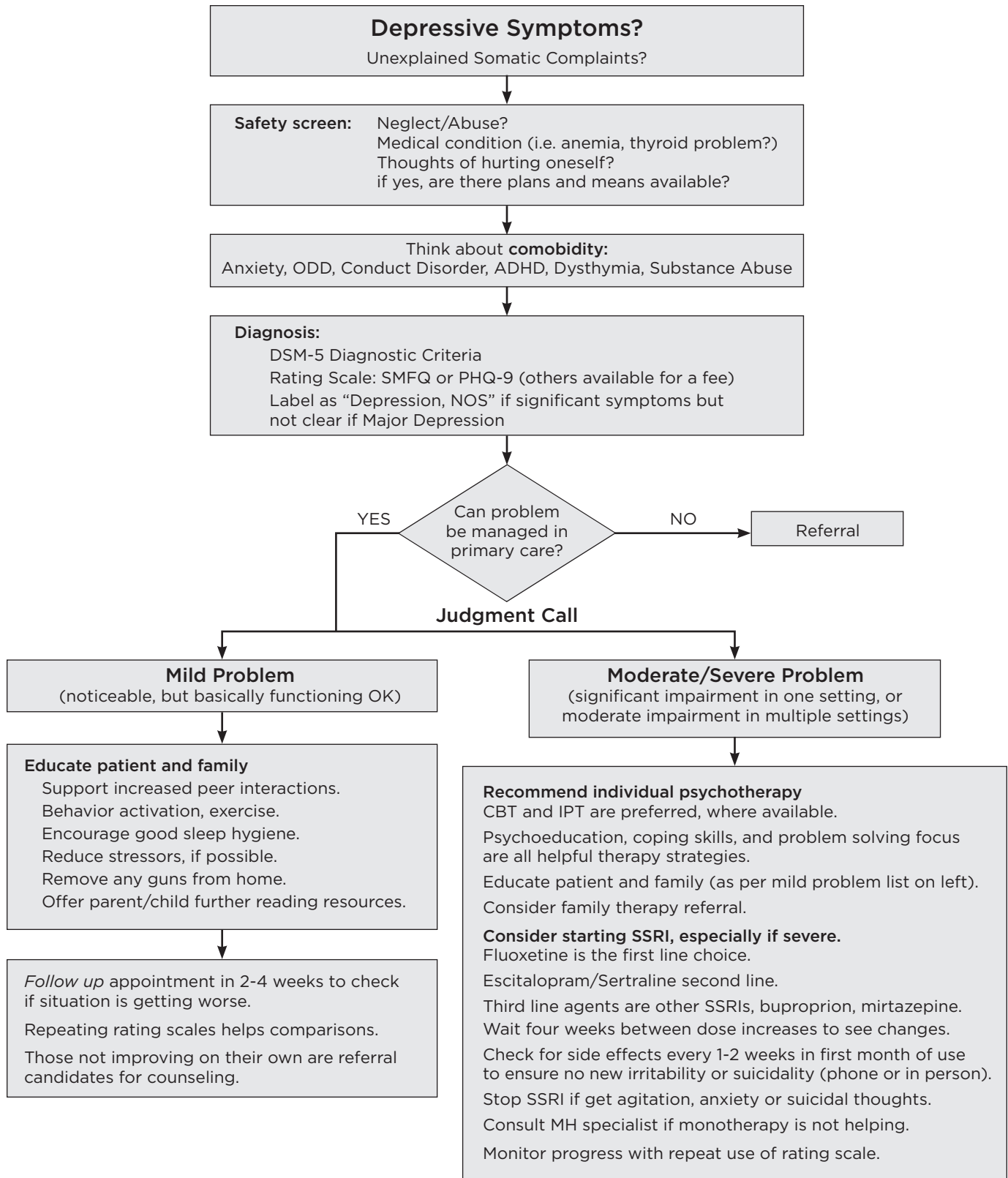




Depression



Primary References:

Jellinek M, Patel BP, Froehle MC eds. (2002): Bright Futures in Practice: Mental Health-Volume I. Practice Guide. Arlington, VA: National Center for Education in Maternal and Child Health: 203-211

Marek JS, Silva S, Vitiello B, TADS team (2006): "The treatment for adolescents with depression study (TADS): methods and message at 12 weeks." JAACAP 45:1393-1403

AACAP (in press): "Practice parameter for the assessment and treatment of children and adolescents with depressive disorders." Accessed 2/08 on www.aacap.org

Zuckerbrot R ed.: "Guidelines for Adolescent Depression in Primary Care (GLAD-PC) Toolkit." Columbia University: Center for the Advancement of Children's Mental Health

Short Mood and Feelings Questionnaire

This form is about how you might have been feeling or acting recently.

For each question, please check how much you have felt or acted this way *in the past two weeks*.

If a sentence was true about you most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about you, check NOT TRUE.

	NOT TRUE	SOMETIMES	TRUE
1. I felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt so tired I just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt I was no good any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I hated myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I thought nobody really loved me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I thought I could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Short Mood and Feelings Questionnaire

This form is about how your child may have been feeling or acting recently.

For each question, please check how much she or he has felt or acted this way *in the past two weeks*.

If a sentence was true about your child most of the time, check TRUE.

If it was only sometimes true, check SOMETIMES.

If a sentence was not true about your child, check NOT TRUE.

	NOT TRUE	SOMETIMES	TRUE
1. S/he felt miserable or unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. S/he didn't enjoy anything at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. S/he felt so tired that s/he just sat around and did nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. S/he was very restless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. S/he felt s/he was no good any more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. S/he cried a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. S/he found it hard to think properly or concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. S/he hated him/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. S/he felt s/he was a bad person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. S/he felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. S/he thought nobody really loved him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. S/he thought s/he could never be as good as other kids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. S/he felt s/he did everything wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Scoring the SMFQ

Note: the SMFQ has been validated for use in children age 6 years and up.

The SMFQ should not be used to make a definitive diagnosis of depression. It has usefulness as a screening tool for situations where depression is suspected, and as an aid toward following a child's symptom severity and treatment response over time.

Scoring:

Assign a numerical value to each answer as follows:

Not true = 0

Sometimes = 1

True = 2

Add up the assigned values for all 13 questions. Record the total score.

A total score on the child version of the SMFQ of 8 or more is considered significant.

Sensitivity of 60% and specificity of 85% for major depression at a cut off score of 8 or higher. Source is Angold A, Costello EJ, Messer SC. "Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents." *International Journal of Methods in Psychiatric Research* (1995), 5:237-249.

Sensitivity/specificity statistics of the parent version is not reported in the literature. If your patient does not complete the child version of SMFQ, repeated administration of the parent version over time should still be useful for symptom tracking.

Patient Health Questionnaire (PHQ-9)

NAME..... DATE.....

Over the *last 2 weeks*, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer).

	Not at all	Several days	More than half the days	Nearly every day		
1. Little interest or pleasure in doing things	0	1	2	3		
2. Feeling down, depressed, or hopeless	0	1	2	3		
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3		
4. Feeling tired or having little energy	0	1	2	3		
5. Poor appetite or overeating	0	1	2	3		
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3		
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3		
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3		
add columns			+		+	
<i>(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).</i>		TOTAL:				

10. If you checked off *any* problems, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people.

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

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Scoring the PHQ-9

Note: this scale has not been evaluated for use with pre-pubertal children.
A number of studies have used this scale for adolescent patients.

The PHQ-9 should not be used to make a definitive diagnosis of depression. It has usefulness as a screening tool for situations where depression is suspected, and as an aid toward following a child's symptom severity and treatment response over time.

Any positive response to question 9 should be followed up with questions about the child's current safety.

Any immediate plans for suicide require an emergent response.

Question 10 should be noted as at least "somewhat difficult" to be consistent with a diagnosis of depression.

A depression diagnosis requires a functional impairment to be present.

Add up the total number from items 1-9

Estimated depression severity:

0-4	None
5-9	Minimal symptoms
10-14	Possible dysthymia, or mild Major Depression
15-19	Consistent with Major Depression
≥ 20	Consistent with severe Major Depression

* As recommended by Macarthur Foundation and Pfizer, Inc.

Depression Medications

Drug Name	Dosage Form	Usual starting dose for adolescent	Increase increment (after ~4 weeks)	RCT evidence in kids	FDA depression approved for children?	Editorial Comments
Fluoxetine (Prozac)	10, 20, 40mg 20mg/5ml	10 mg/day (60mg max)*	10-20mg**	Yes	Yes (Age >8)	Long 1/2 life, no side effect from a missed dose
<i>Fluoxetine considered first line due to stronger evidence base in children</i>						
Sertraline (Zoloft)	25, 50, 100mg 20mg/ml	25 mg/day (200mg max)*	25-50mg**	Yes	No	May be prone to side effects when stopping
Escitalopram (Lexapro)	5, 10, 20mg 5mg/5ml	5 mg/day (20mg max)*	5-10mg**	Yes	Yes (Age >12)	The active isomer of citalopram.
<i>Escitalopram and Sertraline considered second line per the evidence base in children</i>						
Citalopram (Celexa)	10, 20, 40mg 10mg/5ml	10 mg/day (40mg max)*	10-20mg**	Yes	No	Few drug interactions
Bupropion (Wellbutrin)	75, 100mg 100, 150, 200mg SR forms 150, 300mg XL forms	75 mg/day (later dose this BID) (400mg max)*	75-100mg**	No	No	Can have more agitation risk. Avoid if eat d/o. Also has use for ADHD treatment.
Mirtazapine (Remeron)	15, 30, 45mg	15 mg/day (45mg max)*	15mg**	No	No	Sedating, increases appetite
Venlafaxine (Effexor)	25, 37.5, 50, 75, 100mg 37.5,75, 150 mg ER forms	37.5 mg/day (225mg max)*	37.5 to 75mg**	No (May have higher SI risk than others for children)	No	Only recommended for older adolescents. Withdrawal symptoms can be severe.
<i>Others above considered third line treatments per the evidence base in children</i>						

Starting doses in children less than 13 may need to be lowered using liquid forms

Successful medication trials should continue for 6 to 12 months

* Recommend decrease maximum dosage by around 1/3 for pre-pubertal children

** Recommend using the lower dose increase increments for younger children.

Crisis Prevention Plan Aid

A parent's guide to creating a crisis prevention plan

Crisis Prevention Plans (CPP) are intended to help children/adolescents and their caregivers prevent minor problems from escalating into crisis events. CPPs provide an opportunity for the child/adolescent and the caregiver to logically think through situations by identifying the cause of distress, understanding and discussing options for minimizing difficult situations, and encouraging coping skills to help decrease the distress.

Key components of a CPP include understanding triggers, identifying warning signs, and helping to facilitate interactions that will decrease the possibility of further difficulties. A thoughtful and carefully constructed CPP can help families make choices and take actions to diffuse difficult situations.

Steps for creating your own Crisis Prevention Plan:

- **Discuss triggers** — Triggers are things that cause distress for the child/adolescent. Common triggers include peer conflict, homework, chores, feeling sad or angry, and being told “no” or being unable to get their way. The child/adolescent and caregiver should be honest and explicit about the triggers for what is currently causing them the most difficulty.
- **Identify early warning signs** — Warning signs are physical clues the child/adolescent does (sometimes without their knowledge) that show others that they are upset or distressed. Common warning signs include blushing/flushed face, clenching fists, pacing, yelling, or withdrawing/becoming quiet.
- **List interventions the caregiver can do to help the child/adolescent calm down** — Discuss what the child/adolescent would want, and how the caregiver could provide that for them. Examples include giving the child/adolescent space to calm down, reminding them to use a coping skill, talking with them, or offering a hug.
- **List things the child/adolescent can do to help calm themselves** — This typically includes coping skills such as listening to music, talking a walk, doing deep breathing exercises, taking time to themselves (include a mention of how long to let the child/adolescent “cool off” before being expected to reengage with the family), writing, drawing/coloring, or other relaxation techniques.
- **Identify other supports if the above interventions aren't helpful or are unavailable** — for instance, list three people the child/adolescent can contact, beside the caregiver, when distressed. Examples include peers who would have a positive influence, relatives, older siblings, therapists, or teachers/coaches. The child/adolescent and caregiver should agree who are a good resource. Also identify and list the crisis line where you live. A teen hotline such as Teen Link (1-866-833-6546 or <http://866teenlink.org>) is also helpful.

Christina Clark, MD

Crisis Prevention Plan

My triggers are:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

My early warning signs are:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

When my parents/caregivers notice my early warning signs, they can:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Things I can do when I notice my early warning signs:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

If I am unable to help myself I can call:

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

- Your County Crisis Line Phone Number:
(you can look it up here: www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines)
- Text HOME to 741741 or visit: <https://www.crisistextline.org>
- Teen Link Hotline: 1-866-833-6546 or <http://866teenlink.org>
- The National Suicide Hotline: 1-800-784-2433

This Crisis Prevention Plan was created to give your family strategies you can use in your home to help calm your child during an escalation before they reach a crisis point. We do not advise using restraint, such as holding your child down, because you or your child could get hurt. Please call 911 if you or your child is in imminent danger.

General Home Safety Recommendations After a Child Crisis Event

The following safety tips may help to keep things safe right now after an escalated crisis event, and help to reduce further escalations/crises:

1. In the home environment, maintain a “low-key” atmosphere while maintaining regular routines
2. Follow your typical house rules, but pick your battles appropriately, for example:
 - immediately intervene with aggressive or dangerous behaviors
 - if your child is just using oppositional words, it may be wise to ignore those behaviors
3. Provide appropriate supervision until the child’s crisis is resolved
4. Make a crisis prevention plan by identifying likely triggers for a crisis (such as an argument), and **plan with your child** what the preferred actions would be for the next time the triggers occur (such as calling a friend, engaging in a distracting activity or going to a personal space)
5. Encourage your child to attend school, unless otherwise directed by your provider
6. Make sure that you and your child attend the next scheduled appointment with their provider
7. Administer medications as directed by your child’s medical or psychiatric provider
8. Go into each day/evening with a plan for how time will be spent — this should help prevent boredom and arguments in the moment
9. Secure and lock up all medications and objects your child could use to hurt him/herself and/or use to attempt suicide. When locking up items, ensure your child does not have knowledge of their location, the location of the key, or the combination to any padlock used to secure them. This includes:
 - Sharp objects like knives and razors
 - Materials that can be used for strangulation attempts, such as belts, cords, ropes and sheets
 - Firearms and ammunition (locked and kept in separate/different locations from each other)
 - All medications of all family members, including all over the counter medicines. If your child takes medication of any type, you should administer it for the time being (unless instructed to stop it by your care provider)

In the event of another crisis, please do the following:

- If you believe that you, your child, or another person is no longer safe as a result of your child’s behavior, call 911 to have your child transported to the emergency department closest to your home
- Consider calling your local county crisis hotline, which are listed at:
www.hca.wa.gov/health-care-services-and-supports/behavioral-health-recovery/mental-health-crisis-lines
- Consider calling the national suicide hotline:
1-800-784-2433

This resource page is now available in Spanish at www.seattlechildrens.org/pal

Depression Resources

Information for Families

Books families may find helpful:

The Childhood Depression Sourcebook (1998), by Jeffery Miller

The Depressed Child: Overcoming Teen Depression (2001), by Mariam Kaufman

The Explosive Child (2001), by Ross Greene

Helping Teens Who Cut: Understand and Ending Self-Injury (2008), by Michael Hollander

Books children may find helpful:

Taking Depression to School (2002), by Kathy Khalsa (for young children)

Where's Your Smile, Crocodile? (2001), by Clair Freedman (for young children)

Feeling Good: The New Mood Therapy (1999), by David Burns (for adolescents)

My Feeling Better Workbook: Help for Kids Who Are Sad and Depressed (2008), by Sara Hamil (for elementary school students)

When Nothing Matters Anymore: A Survival Guide for Depressed Teens (2007), by Bev Cobain and Elizabeth Verdick

Crisis Hotlines:

National Crisis Hotline
1-800-784-2433

National Suicide Prevention Lifeline
1-800-273-8255

START text - 741741
www.crisistextline.org

Websites families may find helpful:

Guide to depression medications from APA and AACAP professional societies
www.parentsmedguide.org

National Institute of Mental Health
www.nimh.nih.gov/health/topics/depression/index.shtml

National Alliance for Mental Illness
www.nami.org/Find-Support/Teens-and-Young-Adults

American Foundation for Suicide Prevention
www.afsp.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org/AACAP/Families_and_Youth/Resource_Centers/Depression_Resource_Center/Home.aspx

Teen Self-Help Cognitive Behavior Therapy (CBT) guidance
www.dartmouthcoopproject.org/teen-mental-health-2/

This resource page is now available in Spanish at www.seattlechildrens.org/pal



PARTNERSHIP ACCESS LINE

Child Psychiatric Consultation
for Primary Care Providers