

SCOPE

1 Guideline title

Depression in children: identification and management of depression in children and young people in primary, community and secondary care.

1.1 Short title

Depression in children.

2 Background

- a) The National Institute for Clinical Excellence ('NICE' or 'the Institute') has commissioned the National Collaborating Centre for Mental Health to develop a clinical guideline on the management of depression in children and young people in primary, community and secondary care for use in the NHS in England and Wales. This follows referral of the topic by the Department of Health and Welsh Assembly Government (see Appendix). The guideline will provide recommendations for good practice that are based on the best available evidence of clinical and cost effectiveness.
- b) The Institute's clinical guidelines will support the implementation of National Service Frameworks (NSFs) in those aspects of care where a Framework has been published. The statements in each NSF reflect the evidence that was used at the time the Framework was prepared. The clinical guidelines and technology appraisals published by the Institute after an NSF has been issued will have the effect of updating the Framework.

3 Clinical need for the guideline

- a) It has been estimated that 1 in 33 children and 1 in 8 adolescents are suffering from depression at any one time. Depression in young people

often occurs with other mental disorders, and recognition and diagnosis of the disorder may be more difficult in children because the way symptoms are expressed varies with the developmental age of the individual. In addition to this, stigma associated with mental illness may obscure diagnosis. The prevalence figures exceed the numbers receiving treatment. Suicide is the third leading cause of death for 15–24 year olds and the sixth leading cause of death for 5–14 year olds.

- b) Children who experience a loss (for example separation of parents or bereavement) high levels of stress (for example family problems, abuse, examination pressure, bullying, socioeconomic factors or serious illness) learning disorders, or conduct disorders are at higher risk for depression. Children who develop depression are more likely to have a family history of the disorder in childhood. Younger boys and girls appear to be at equal risk for depression, but during adolescence, girls are twice as likely to develop depression.
- c) Treatment for depressive disorders in children and adolescents can involve a range of treatments including antidepressant medication, short-term psychotherapy, counselling, creative therapies or a combination of these treatments. In the UK, antidepressant medication is used far less frequently than in the USA. Antidepressants, when used, are not always prescribed in the appropriate doses. There is a well-recognised lack of evidence from randomised controlled trials, on the use of medication in children and adolescents. Targeted interventions involving the home or school environment are sometimes used. Hospitalisation may be required if a child or young person has a plan to commit suicide and access to the means to do this (serious suicidal ideation), the patient is dangerous to themselves or others, there is a complicating medical condition or there is lack of support systems at home. Using antidepressant medication to treat children and adolescents and the perceived stigma attached to labelling a child as suffering from a mental illness have caused controversy.

- d) A number of guidelines, consensus statements and local protocols exist. This guideline will review evidence of clinically and cost effective practice, together with current guidelines, and will offer guidance on best practice.

4 The guideline

- a) The guideline development process is described in detail in three booklets that are available from the NICE website (see 'Further information'). *The Guideline Development Process – Information for Stakeholders* describes how organisations can become involved in the development of a guideline.
- b) This document is the scope. It defines exactly what this guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health and Welsh Assembly Government (see Appendix).
- c) The areas that will be addressed by the guideline are described in the following sections.

4.1 Population

4.1.1 Groups that will be covered

The recommendations made in the guideline will cover management of the following groups:

- a) Children and young people 5 years of age and up to 18 years of age who meet the standard diagnostic criteria of depression or related disorders, including psychotic depression and dysthymia (a mild form of depression). The standard diagnostic criteria of depression will be defined in the guideline.
- b) Children and young people with mild, moderate or severe depression (primary, chronic or recurring).

4.1.2 Groups that will not be covered

- a) Children 4 years of age and under and adults 19 years of age and over.
- b) Bipolar Disorder.
- c) Although the guideline will be of relevance to all children and young people with depression whether or not it is accompanied by other conditions and illnesses, it will not specifically or separately make recommendations on:
 - how learning disabilities and challenging behaviour moderate the effect of various interventions.
 - the specific management of patients with other physical or psychiatric conditions (co-morbidities).

4.2 Healthcare setting

- a) The guideline will cover the care provided by primary, community and secondary healthcare professionals who have direct contact with and make decisions concerning the care of children and young people with depression.
- b) This is an NHS guideline. Although it will comment on the interface with other services such as those provided by social services, educational services, the voluntary sector and young offender institutions, it will not include recommendations relating to the services exclusively provided by these agencies.
- c) The guideline will include:
 - care in general practice and NHS community care
 - hospital outpatient and inpatient care
 - primary/secondary interface of care
 - transition from childhood services to adult services.

4.3 Clinical management – areas that will be covered

The guideline will cover the following areas of clinical practice:

- a) The full range of care routinely made available by the NHS.
- b) Diagnostic criteria currently in use will be clarified and confirmed and therefore will describe the diagnostic factors that trigger the use of this guideline. The definition of the condition in relation to other affective disorders (mood disorders) will be precise.
- c) Early identification of depression in children in primary care and identification of aspects of care which might trigger further investigation into the possibility of depression.
- d) Pathways to treatment.
- e) Relapse prevention, risk management, suicide prevention and action that might be taken when patients appear not to respond to treatment, including criteria for referral on to other specialist services.
- f) Appropriate use of pharmacological treatments, including:
 - Type; for example, tricyclic antidepressants, selective serotonin re-uptake inhibitors (SSRIs), monoamine oxidase inhibitors (MAOIs), other antidepressants including flupentixol, and Hypericum (St John's Wort).
 - Dose, duration, discontinuation, side effects, toxicity, and in non-response to medication - improving concordance, changing drug regimens and sequencing.

When referring to pharmacological treatments, the guideline will wherever possible recommend within the licensed indications.

However, where the evidence clearly supports it, recommendations for use outside the licensed indications may be made in exceptional circumstances.

- g) Psychological interventions, for example, family interventions, counselling, cognitive behaviour therapy, psychotherapy and referral to other therapies.
- h) Self-care, for example, information to enable informed choices, exercise, self-help groups, educational interventions, and peer group support.
- i) Sensitivity to different beliefs and attitudes of different races and cultures, issues of social exclusion and experiences of refugees, in relation to child mental health.
- j) The role of the family in the treatment and support of patients, with consideration of parental choice, consent and help that may be needed by carers.

4.4 Clinical management – areas that will not be covered

The guideline will not cover the following areas of clinical practice:

- a) Treatments that are not normally available on the NHS.
- b) Primary prevention of depression, although relapse prevention will be addressed.

4.5 Audit support within the guideline

The guideline will include review criteria for audit of the key recommendations, which will enable objective measurements to be made of the extent and nature of local implementation of this guidance, particularly its impact upon practice and outcomes for patients.

4.6 Status

4.6.1 Scope

This is the scope, which has been through a 4-week period of consultation with stakeholders and reviewed by the Guidelines Review Panel and the Institute's Guidance Executive.

4.6.2 Guideline

The development of the guideline recommendations will begin in the late Spring of 2003.

5 Further information

Information on the guideline development process is provided in:

- *The Guideline Development Process – Information for the Public and the NHS*
- *The Guideline Development Process – Information for Stakeholders*
- *The Guideline Development Process – Information for National Collaborating Centres and Guideline Development Groups*

These booklets are available as PDF files from the NICE website (www.nice.org.uk). Information on the progress of the guideline will also be available from the website.

Appendix – Referral from the Department of Health and Welsh Assembly Government

The Department of Health and Welsh Assembly Government asked the Institute:

“To prepare clinical guidelines for the NHS in England and Wales on depression in children. The guideline should clearly set out the current state of knowledge of effectiveness of interventions – both what works and what does not work. The guideline should address identification; management in primary care of the milder forms of depression and the management of moderate to severe presentations within specialist services. Due account to be taken of co-morbidity with other disorders and the practicalities of translating evidence of efficacy into day to day clinical practice.”

