NICE National Institute for Health and Care Excellence

NICE quality standard

Depression in children and young people

Quality standard

Published: 30 September 2013

www.nice.org.uk/guidance/qs48

Contents

This standard is based on NG134.

This standard should be read in conjunction with QS8, QS34, QS53, QS175, QS15, QS140, QS115 and QS189.

Quality statements

Statement 1 Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.

Statement 2 Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.

Statement 3 Children and young people with suspected severe depression and at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 24 hours of referral. If necessary, children and young people are provided with a safe place while waiting for the assessment.

Statement 4 Children and young people with suspected severe depression but not at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 2 weeks of referral.

Statement 5 Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step in treatment.

Quality statement 1: Confirming and recording a diagnosis

Quality statement

Children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.

Rationale

Diagnosing depression in children and young people can be difficult. Confirming and accurately recording a diagnosis can facilitate appropriate treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with suspected depression have a diagnosis confirmed and recorded in their medical records.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of children and young people with suspected depression who have a diagnosis confirmed and recorded in their medical records.

Numerator – the number of people in the denominator who have a diagnosis confirmed and recorded in their medical records.

Denominator – the number of children and young people who presented with suspected depression.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

What the quality statement means for different audiences

Service providers ensure that systems are in place for staff to confirm a diagnosis of depression in children and young people with suspected depression and to record the diagnosis in their medical records.

Healthcare and CAMHS (Child and Adolescent Mental Health Services) professionals ensure that they confirm a diagnosis of depression in children and young people with suspected depression and record the diagnosis in their medical records.

Commissioners ensure that they commission services that can confirm a diagnosis of depression in children and young people with suspected depression and record the diagnosis in their medical records.

Children and young people with suspected depression have tests (for example, being asked questions) to confirm a diagnosis of depression, and the diagnosis is recorded in their health records.

Source guidance

Depression in children and young people: identification and management (2019) NICE guideline NG134, recommendations 1.4.2 and 1.4.3

Definitions of terms used in this quality statement

Confirming a diagnosis

The use of tools may be helpful in confirming a diagnosis of depression. NICE's guideline on depression in children and young people indicates that Kiddie-Sads (K-SADS) and Child and Adolescent Psychiatric Assessment (CAPA) could be used to diagnose depression in children and young people, but these would need to be modified for regular use in busy routine CAMHS settings.

Quality statement 2: Information appropriate to age

Quality statement

Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.

Rationale

Children and young people need age-appropriate information they can understand about their diagnosis and treatment options, so that they can participate in shared decision-making. Information should also be appropriate to the developmental level, emotional maturity and cognitive capacity of the child or young person, taking into account any learning disabilities, sight or hearing problems or delays in language development.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example care protocols.

Process

Proportion of children and young people with depression who are given information appropriate to their age about the diagnosis and their treatment options.

Numerator – the number of people in the denominator given information appropriate to their age about the diagnosis and their treatment options.

Denominator – the number of children and young people diagnosed with depression.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records.

Outcome

Evidence from experience surveys and feedback that children and young people with depression understand the diagnosis and their treatment options.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient experience surveys.

What the quality statement means for different audiences

Service providers ensure that systems are in place for children and young people with depression to be given age-appropriate information about the diagnosis and their treatment options.

Healthcare and CAMHS (Child and Adolescent Mental Health Services) professionals ensure that they give age-appropriate information about the diagnosis and treatment options to children and young people with depression.

Commissioners ensure that they commission services in which age-appropriate information about the diagnosis and treatment options is given to children and young people with depression.

Children and young people with depression are given information they can understand about their diagnosis and the different treatments that are available.

Source guidance

Babies, children and young people's experience of healthcare (2021) NICE guideline

NG204, recommendations 1.1.4, 1.3.3 and 1.4.4

Equality and diversity considerations

Information should be accessible in a variety of formats – for example, web-based resources and written information. It should be tailored to the person's needs.

NICE's guideline on depression in children and young people, recommendation 1.1.6 states that, if possible, written information or audiotaped material should be provided in the language of the child or young person and their parents or carers. Interpreters should be used if this is not possible.

Healthcare and CAMHS professionals should take account of the developmental level, emotional maturity and cognitive capacity of the child or young person, including any learning disabilities, sight or hearing problems or delays in language development.

Quality statement 3: Suspected severe depression and at high risk of suicide

Quality statement

Children and young people with suspected severe depression and at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 24 hours of referral. If necessary, children and young people are provided with a safe place while waiting for the assessment.

Rationale

Prompt access to services is essential if children and young people are to receive the right treatment at the right time. Arrangements should be in place so that children and young people referred to CAMHS with suspected severe depression and at high risk of suicide are assessed by CAMHS professionals as an emergency, within a maximum of 24 hours of referral. Healthcare professionals who refer a child or young person to CAMHS should also ensure that, at the time of referral, they assess the need for a safe place for the child or young person until the CAMHS assessment is carried out. This should help to prevent injury or worsening of symptoms.

Quality measures

Structure

a) Evidence of local arrangements to ensure that CAMHS professionals assess all children and young people with suspected severe depression and at high risk of suicide within a maximum of 24 hours of referral.

b) Evidence of local arrangements to ensure that children and young people with suspected severe depression and at high risk of suicide who are referred to CAMHS are provided with a safe place if necessary while waiting for an assessment.

Data source: Data can be collected from information recorded locally by healthcare

professionals and provider organisations, for example care pathways.

Process

a) Proportion of children and young people with suspected severe depression and at high risk of suicide who are assessed by CAMHS professionals within 24 hours of referral.

Numerator – the number of people in the denominator assessed by CAMHS professionals within 24 hours of referral.

Denominator – the number of children and young people referred to CAMHS with suspected severe depression and at high risk of suicide.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. For CAMHS, data on referral and waiting times are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS).

What the quality statement means for different audiences

Service providers ensure that systems are in place for CAMHS professionals to assess all children and young people with suspected severe depression and at high risk of suicide within a maximum of 24 hours of referral. Service providers also ensure that systems are in place so that children and young people are provided with a safe place if necessary while waiting for CAMHS assessment.

CAMHS professionals assess all children and young people with suspected severe depression and at high risk of suicide within a maximum of 24 hours of referral.

Healthcare professionals and social care practitioners ensure that children and young people with suspected severe depression and at high risk of suicide who are waiting for CAMHS assessment are provided with a safe place if necessary.

Commissioners ensure that they commission CAMHS to assess all children and young people with suspected severe depression and at high risk of suicide within a maximum of

24 hours of referral. Commissioners also ensure that they commission services in which children and young people are provided with a safe place if necessary while waiting for CAMHS assessment.

Children and young people with suspected severe depression and at high risk of suicide are assessed within a maximum of 24 hours of being referred to CAMHS (Child and Adolescent Mental Health Services). If the child or young person needs a safe place while waiting for the CAMHS assessment, this is provided.

Source guidance

Depression in children and young people: identification and management (2019) NICE guideline NG134, recommendation 1.6.1

Definitions of terms used in this quality statement

- The time frame of 24 hours is based on consensus of expert opinion.
- The provision of a safe place is based on consensus of expert opinion.

Severe depression

ICD-10 classification of mental and behavioural disorders describes severe depression as 7 or more depressive symptoms, with or without psychotic symptoms.

Assessment

An assessment by CAMHS is likely to include but is not limited to:

- assessment of diagnosis
- initiation of treatment.

High risk of suicide

NICE's guideline on depression in children and young people defines suicidal ideation as thoughts about suicide or of taking action to end one's own life. For the purposes of this

quality standard high risk of suicide could include, but is not limited to, children and young people with current active suicidal plans or thoughts.

Quality statement 4: Suspected severe depression without high risk of suicide

Quality statement

Children and young people with suspected severe depression but not at high risk of suicide are assessed by CAMHS (Child and Adolescent Mental Health Services) professionals within a maximum of 2 weeks of referral.

Rationale

Prompt access to services is essential if children and young people are to receive the right treatment at the right time. Arrangements should be in place so that children and young people referred to CAMHS with suspected severe depression but not at high risk of suicide are assessed quickly to help prevent injury or worsening of symptoms.

Quality measures

Structure

Evidence of local arrangements to ensure that CAMHS professionals assess children and young people with suspected severe depression but not at high risk of suicide within a maximum of 2 weeks of referral.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations.

Process

Proportion of children and young people with suspected severe depression but not at high risk of suicide who are assessed by CAMHS professionals within 2 weeks of referral.

Numerator – the number of people in the denominator assessed by CAMHS professionals

within 2 weeks of referral.

Denominator – the number of children and young people referred to CAMHS with suspected severe depression but not at high risk of suicide.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. For CAMHS, data on referral and waiting times are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS).

What the quality statement means for different audiences

Service providers ensure that systems are in place for CAMHS professionals to assess children and young people with suspected severe depression but not at high risk of suicide within a maximum of 2 weeks of referral.

CAMHS professionals assess children and young people with suspected severe depression but not at high risk of suicide within a maximum of 2 weeks of referral.

Commissioners ensure that they commission CAMHS to assess children and young people with suspected severe depression but not at high risk of suicide within a maximum of 2 weeks of referral.

Children and young people with suspected severe depression but not at high risk of suicide are assessed within a maximum of 2 weeks of being referred to CAMHS (Child and Adolescent Mental Health Services).

Source guidance

Depression in children and young people: identification and management (2019) NICE guideline NG134, recommendation 1.6.1

Definitions of terms used in this quality statement

The time frame of 2 weeks is based on consensus of expert opinion.

Severe depression

ICD-10 classification of mental and behavioural disorders describes severe depression as 7 or more depressive symptoms, with or without psychotic symptoms.

Assessment

An assessment by CAMHS is likely to include but is not limited to:

- assessment of diagnosis
- initiation of treatment.

High risk of suicide

NICE's guideline on depression in children and young people defines suicidal ideation as thoughts about suicide or of taking action to end one's own life. For the purposes of this quality standard high risk of suicide could include, but is not limited to, children and young people with current active suicidal plans or thoughts.

Quality statement 5: Monitoring progress

Quality statement

Children and young people receiving treatment for depression have their health outcomes recorded at the beginning and end of each step in treatment.

Rationale

It is important to monitor the mood and feelings of children and young people who are receiving treatment for depression so that the effectiveness of treatment can be assessed and adjustments made to ensure maximum benefit.

Quality measures

Structure

Evidence of local arrangements to ensure that the health outcomes of children and young people receiving treatment for depression are recorded at the beginning and end of each step in treatment.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations.

Process

Proportion of children and young people receiving treatment for depression who have their health outcomes recorded at the beginning and end of each step in treatment.

Numerator – the number of people in the denominator who have their health outcomes recorded at the beginning and end of each step in treatment.

Denominator – the number of children and young people receiving treatment for depression.

Data source: Data can be collected from information recorded locally by healthcare professionals and provider organisations, for example from patient records. For CAMHS (Child and Adolescent Mental Health Services), data on outcomes are collected in the NHS Digital Child and Adolescent Mental Health Services secondary uses data set with Mental Health Services Data Set (MHSDS). Routine outcome monitoring is part of the NHS England Children and young people's improving access to psychological therapies (IAPT) project.

What the quality statement means for different audiences

Service providers ensure that systems are in place for the health outcomes of children and young people receiving treatment for depression to be recorded at the beginning and end of each step in treatment.

Healthcare and CAMHS professionals record the health outcomes of children and young people receiving treatment for depression at the beginning and end of each step in treatment.

Commissioners ensure that they commission services that record the health outcomes of children and young people receiving treatment for depression at the beginning and end of each step in treatment.

Children and young people being treated for depression are asked a set of standard questions every time their treatment changes to check whether the treatment is working.

Source guidance

Depression in children and young people: identification and management. NICE guideline NG134 (2019), recommendations 1.1.13 and 1.1.18

Definitions of terms used in this quality statement

Methods to monitor health outcomes

NICE's guideline on depression in children and young people indicates that healthcare and

CAMHS professionals can use self-report measures, as used in screening for depression (for example, the Mood and Feelings Questionnaire), or generic outcome measures (for example, Health of the Nation Outcome Scale for Children and Adolescents or the Strengths and Difficulties Questionnaire) to record health outcomes.

A step in treatment

This is the movement between steps of the stepped-care model. For further information, see table 1 in NICE's guideline on depression in children and young people.

Update information

Minor changes since publication

May 2024: Changes have been made to the source guidance recommendation references to align with updated NICE guidelines on mental health. The guidelines were simplified by removing recommendations on general principles of care that are covered in other NICE guidelines.

April 2019: Changes have been made to align this quality standard with the updated NICE guideline on depression in children and young people. References and source guidance sections have been updated throughout and the definitions section in statement 5 has been amended to link to table 1 on stepped care in the guideline.

About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details about our standing committees. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the

quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard 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 quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

ISBN: 978-1-4731-0305-4

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Psychological Society (BPS)
- Royal College of General Practitioners (RCGP)
- Royal College of Nursing (RCN)
- Royal College of Paediatrics and Child Health