NICE National Institute for Health and Care Excellence

NICE quality standard

Depression in children and young people

Quality standard

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This standard is based on NG134.

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

Introduction

This quality standard covers the diagnosis and management of depression in children and young people aged between 5 and 17 years (that is, up to their 18th birthday). For more information please see the topic overview.

Why this quality standard is needed

Depression is a broad and heterogeneous diagnostic grouping, central to which is depressed mood and loss of pleasure in most activities. Depressive symptoms are frequently accompanied by symptoms of anxiety, but may also occur on their own. The ICD-10 Classification of Mental and Behavioural Disorders (World Health Organization 1992) uses an agreed list of 10 depressive symptoms to divide the common form of major depressive episode into 4 groups. Symptoms should be present for at least 2 weeks and every symptom should be present for most of the day. The 4 groups are:

- not depressed (fewer than 4 symptoms)
- mild depression (4 symptoms)
- moderate depression (5–6 symptoms)
- severe depression (7 or more symptoms, with or without psychotic symptoms).

Depression is most often not confined to only 1 family member. Parental depression is a strong risk factor for the child or young person's depression, and the child or young person's experience of depression is best helped by their parents or carers. Parents and carers have an important role to play in supporting the child or young person with depression and should be engaged at all stages of assessment, diagnosis and treatment.

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How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- NHS Outcomes Framework 2013–14

Table 1 shows the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2013–14

Domain	Overarching indicators and improvement areas
4 Ensuring that people have a positive experience of care	*Improvement areas* **Improving children and young people's experience of healthcare** 4.8 An indicator is under development

Coordinated services

The quality standard for depression in children and young people specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway for depression in children and young people. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people with depression.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality service for children and young people with depression are listed in related NICE quality standards.

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Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals and social care practitioners involved in assessing, caring for and treating children and young people with depression should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with depression. If appropriate, healthcare professionals and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

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List of 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.

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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: Local data collection.

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: Local data collection.

What the quality statement means for different

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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.

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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: Local data collection.

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: Local data collection.

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Outcome

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

*Data source:*Local data collection.

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

Depression in children and young people: identification and management (2019) NICE guideline NG134, recommendation 1.1.1

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

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maturity and cognitive capacity of the child or young person, including any learning disabilities, sight or hearing problems or delays in language development.

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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: Local data collection.

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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: Local data collection. For CAMHS, data on referral and waiting times are collected in the Child and Adolescent Mental Health Services secondary uses data set.

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.

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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.

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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: Local data collection.

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.

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Data source: Local data collection. For CAMHS, data on referral and waiting times are collected in the Child and Adolescent Mental Health Services secondary uses data set.

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:

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- 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.

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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: Local data collection.

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: Local data collection. For CAMHS (Child and Adolescent Mental Health Services), data on outcomes are collected in the Child and Adolescent Mental Health Services secondary uses data set. Routine outcome monitoring is part of The Children and Young People's IAPT project.

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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 (2019) NICE guideline NG134, recommendations 1.1.18 and 1.1.25

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 The stepped-care model in NICE's guideline on depression in children and young people.

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Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

See NICE's how to use quality standards for further information, including advice on using quality measures.

Levels of achievement

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, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, healthcare professionals and social care practitioners, patients, service users and carers alongside the documents listed in development sources.

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Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between healthcare professionals and social care practitioners and children and young people with depression, and their families or carers (if appropriate) is essential. Treatment, care and support, and the information given about it, should be both age appropriate and culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with depression, and their families or carers (if appropriate), should have access to an interpreter or advocate if needed.

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.

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Development sources

Further explanation of the methodology used can be found in the quality standards process guide.

Evidence sources

The document below contains recommendations from NICE guidance that was used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Depression in children and young people: identification and management (2019) NICE guideline NG134

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Department of Health (2012) Improving Access to Psychological Therapies (IAPT) programme
- Department of Health (2012) No health without mental health: implementation framework
- Department of Health (2012) Preventing suicide in England
- Department of Health (2011) Delivering better mental health outcomes for people of all ages
- Department of Health (2011) Talking therapies: a 4 year plan of action
- Royal College of Psychiatrists (2011) National audit of psychological therapies for anxiety and depression
- Department for Children, Schools and Families and the Department of Health (2010) Keeping children and young people in mind: the Government's full response to the independent review of CAMHS
- Department of Health (2009) Improving access to child and adolescent mental health services
- Department of Health, Department for Children, Schools and Families (2009) Healthy lives, brighter futures: the strategy for children and young people's health
- HM Government (2009) New horizons: a shared vision for mental health

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Definitions and data sources for the quality measures

- NHS Digital Child and Adolescent Mental Health Services secondary uses data set
- World Health Organization (2010) ICD-10 classification of mental and behavioural disorders

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Related NICE quality standards

- Eating disorders (2018) NICE quality standard 175
- Transition from children's to adults' services (2016) NICE quality standard 140
- Anxiety disorders (2014) NICE quality standard 53
- Self-harm (2013) NICE quality standard 34
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Depression in adults (2011) NICE quality standard 8

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Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3.

Membership of this committee is as follows:

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Mrs Julia Thompson
Commissioner, Strategic Commissioning Manager, Sheffield City Council

The following specialist members joined the committee to develop this quality standard:

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Consultant Child and Adolescent Psychotherapist, Royal Free Hospital, London

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Coordinator

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Update information

Minor changes since publication

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.

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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.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE Pathways on depression and depression in children and young people.

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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

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