Clinical Assessment Flowchart

Preparation for Managing Depression in PC
Preparation through increased training, establishing mental health linkages, and increasing the capacity of practices to monitor and follow-up with patients with depression

All youth 12 years and older presenting at annual visit
Negative screen result

Universal screen with depression-specific tool
Positive screen result

Targeted screening with tool
Positive screen result

Assessment
(1) Assess with systematic depression assessment tool (if not used as screen)
(2) Interview patient and parent(s) to assess for depression and other psychiatric disorders with DSM-5 or ICD-10 criteria
(3) Interview patient alone
(4) Assess for safety and/or suicide risk

Evaluation negative for depression but positive for other MH conditions
(1) Refer to other treatment guidelines
(2) Evaluate for depression at future visits
(3) Book for follow-up visit

Evaluation negative for MDD but high depression symptoms

Clinical Decision
May follow depression treatment guidelines if appropriate or return for regular follow-up as high-risk with more frequent targeted screening

Evaluation positive for MDD but not psychotic or suicidal

Evaluation for Depression: Mild, Moderate, Severe, or Depression with Comorbidities
(1) Evaluate safety and establish safety plan
(2) Evaluate severity of depression symptoms (See a)
(3) Patient and/or family education (See b)
(4) Develop treatment plan based on severity-review diagnosis and treatment options with patient and/or family

Youth presents to clinic for urgent care or health maintenance visit
Systematically identify youth with depression risk factors, including chronic somatic complaints

High risk

Low risk

If yes

Do you clinically suspect depression?
(1) Stop assessment
(2) Repeat targeted screening at regular intervals

If no

Refer to crisis or emergency services (may include subsequent referral to inpatient treatment)

* See Chapter 3 in the Toolkit for definition of mild, moderate, and severe depression. Please consult toolkit for methods available to aid clinicians to distinguish between mild, moderate, and severe depression. b Provide psychoeducation, provide supportive counseling, facilitate parental & patient self-management, refer for peer support and regular monitoring of depressive symptoms and suicidality.
Clinical Management Flowchart

If mild depression
Active support and monitoring for 6 to 8 weeks (every 1 to 2 weeks) (see a)
If persistent
Manage in primary care
1. Initiate medication and/or therapy in primary care (see a) with evidence-based antidepressant and/or psychotherapy
2. Monitor for symptoms and adverse events (see c)
3. Consider on going mental health consultation
If partially improved
1. Consider
   • Adding medication if have not already; increasing to maximum dosage as tolerated if already on medication
   • Adding therapy if have not already
   • Consulting with mental health specialist
2. Provide further education, review safety plan (see a), and continue ongoing monitoring
If improved after 6-8 weeks
1. Continue medication for 1 year after full resolution of symptoms (based on adult literature)
   AACAP recommends monthly monitor for 6 months after full remission
2. Continue to monitor for 6 to 24 months with regular follow-up whether or not referred to mental health specialist
3. Maintain contact with mental health specialist if such treatment continues
If improved

If moderate depression
Consider consultation by mental health specialist to determine management plan
If not improved
If not improved after 6 to 8 weeks
1. Reassess diagnosis
2. Consider:
   • Adding medication if it has not already been done; increasing to maximum dosage as tolerated if patient is already on medication; changing medication if patient is already on maximum dose of current medication
   • Adding therapy if it has not already been done
   • Consulting with mental health specialist
3. Provide further education, review safety plan (see a), and continue ongoing monitoring
If improved after 6-8 weeks
1. Continue medication for 1 year after full resolution of symptoms (based on adult literature)
   AACAP recommends monthly monitor for 6 months after full remission
2. Continue to monitor for 6 to 24 months with regular follow-up whether or not referred to mental health specialist
3. Maintain contact with mental health specialist if such treatment continues
If improved

If severe depression or comorbidities
Should consider consultation by mental health specialist to determine management plan
Refer to mental health specialist if appropriate (see a, b)

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^Psychoeducation, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regular monitoring of depressive symptoms and suicidality. ^Negotiate roles and/or responsibilities between PC and mental health and designate case coordination responsibilities. Continue to monitor in PC after referral and maintain contact with mental health. ^Clinicians should monitor for changes in symptoms and emergence of adverse events, such as increased suicidal ideation, agitation, or induction of mania. For monitoring guidelines, please refer to the guidelines and/or toolkit.

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