**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.

1. **All youth 12 years and older presenting at annual visit**
   - **Low risk**
     - **Universal screen with depression-specific tool**
       - **Positive screen result**
       - **Targeted screening with tool**
         - **High risk**
         - **Systematically identify youth with depression risk factors, including chronic somatic complaints**
         - **If yes**
           - **Do you clinically suspect depression?**
             - **If yes**
               - **Stop assessment**
               - **If psychotic or suicidal**
                 - **Refer to crisis or emergency services (may include subsequent referral to inpatient treatment)**
             - **If no**
               - **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
               - **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 Depression: Mild, Moderate, Severe, or Depression with Comorbidities**
                 - (1) Evaluate safety and establish safety plan
                 - (2) Evaluate severity of depression symptoms (See #)
                 - (3) Patient and/or family education (See #)
                 - (4) Develop treatment plan based on severity-review diagnosis and treatment options with patient and/or family

2. **Youth presents to clinic for urgent care or health maintenance visit**
   - **Negative screen result**
   - **If yes**
     - **Provide psychoeducation, provide supportive counseling, facilitate parental & patient self-management, refer for peer support and regular monitoring of depressive symptoms and suicidality.**

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*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.*

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Clinical Management Flowchart

If mild depression
Active support and monitoring for 6 to 8 weeks (every 1 to 2 weeks) (see a)
If improved
Manchester 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 not improved
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 not improved after 6 to 8 weeks
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 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

aPsychoeducation, supportive counseling, facilitate parental and patient self-management, refer for peer support, and regular monitoring of depressive symptoms and suicidality.
bNegotiate 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.
cClinicians 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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