NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Draft quality standard for depression in children and young people

1 Introduction

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:

- 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).

This quality standard covers the diagnosis and management of depression in children and young people aged 5–18 years. For more information please see the topic overview.

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. They draw on existing guidance, which provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement. The quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following framework:

- The NHS Outcomes Framework 2013/14

The table below shows the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving:

NHS outcomes framework 2013–14	
Domain 4: Ensuring that people have a positive experience of care	**Improvement areas** 4.8 Improving children and young people's experience of healthcare

2 Draft quality standard for depression in children and young people

The draft quality standard for depression in children and young people states that services should be commissioned from and coordinated across all relevant agencies encompassing the whole care pathway. A person-centred and integrated approach to provision of 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 take into account the library of NICE quality standards when designing high-quality services.

Patients, service users and carers may use the quality standard to find out about the quality of care they should expect to receive; support asking questions about the care they receive; and make a choice between providers of social care services.

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care professionals involved in assessing, caring for and treating children and young people with depression (including those who assess remotely using algorithms written by medical professionals) should be sufficiently and appropriately trained and competent to deliver the actions and interventions described in the quality standard.

No.	Draft quality statements
1	Children and young people with depression have the diagnosis confirmed through the use of validated diagnostic tools.
2	Children and young people with depression are given information appropriate to their age about the diagnosis and their treatment options.
3	Children and young people referred to CAMHS with severe depression and a high risk of self-harm or suicide are assessed by CAMHS professionals within 24 hours of referral.
4	Children and young people referred to CAMHS with severe depression but not at high risk of self-harm or suicide are assessed by CAMHS professionals within 10 days of referral.
5	Children and young people receiving treated for depression have their progress monitored at each appointment using a validated outcome measure.
6	Children and young people with depression receive psychological and pharmacological therapy appropriate to the severity of depression.

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 section 7.

General questions for consultation

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Please refer to quality standards in development for additional general points for consideration.

Statement-specific questions for consultation:

Question 3 For draft quality statement 1: The measure for this statement will not capture those children and young people for whom a diagnosis of depression has been discounted without the use of a diagnostic tool. Is this statement still appropriate?

Question 4 For draft quality statement 3: Is assessment within 24 hours of referral to CAMHS an acceptable time frame for children and young people with severe depression and a high risk of self-harm or suicide?

Question 5 For draft quality statement 4: Is assessment within 10 days of referral to CAMHS an acceptable time frame for children and young people with severe depression but not at high risk of self-harm or suicide?

Draft quality statement 1: Diagnostic tools

Draft quality statement	Children and young people with depression have the diagnosis confirmed through the use of validated diagnostic tools.
Rationale	Diagnosing depression in children and young people can be difficult. Using validated diagnostic tools may help professionals to accurately confirm a diagnosis, to facilitate appropriate treatment and consider referral to a specialist.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure children and young people with depression have the diagnosis confirmed through the use of validated diagnostic tools. **Process**: Proportion of children and young people with depression who had the diagnosis confirmed with a validated diagnostic tool. Numerator – the number of children and young people in the denominator who had the diagnosis confirmed with a validated diagnostic tool. Denominator – the number of children and young people with depression.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place so staff can use validated diagnostic tools to confirm a diagnosis of depression in children and young people. **Healthcare and CAMHS professionals** ensure they use validated diagnostic tools to confirm a diagnosis of depression in children and young people with depression. **Commissioners** ensure they commission services that use validated diagnostic tools to confirm a diagnosis in children and young people with depression. **Children and young people with depression** are asked a series of standard questions to confirm the diagnosis.
Source guidance references	NICE clinical guideline 28 recommendation 1.4.2 (key priority for implementation) and 1.4.3.
Data sources	**Structure:** Local data collection. **Process:** Local data collection.
Definitions	**Validated diagnostic tool** NICE clinical guideline 28 indicates that Kiddie-Sads (K-SADS) and Child and Adolescent Psychiatric Assessment (CAPA) could be used to diagnose depression but would need modification for regular use in busy routine CAMHS settings.

Specific question for consultation	The measure for this statement will not capture those children and young people for whom a diagnosis of depression has been discounted without the use of a diagnostic tool. Is this statement still appropriate?

Draft quality statement 2: Information appropriate to age

Draft 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 information about the diagnosis and treatment options so that they can participate in shared decision making. Information should be appropriate to age, developmental level, emotional maturity and cognitive capacity, including any learning disabilities, sight or hearing problems or delays in language development
Draft quality measure	**Structure:** Evidence of local arrangements to ensure children and young people with depression are given information appropriate to their age about the diagnosis and the treatment options. **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. **Outcome:** Evidence from experience surveys and feedback that children and young people with depression understand the diagnosis and the treatment options.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for children and young people with depression to be given age appropriate information on the diagnosis and the treatment options. **Healthcare and CAMHS professionals** ensure they give age appropriate information about the diagnosis and the treatment options to children and young people with depression. **Commissioners** ensure they commission services that give age appropriate information about diagnosis and treatment options to children and young people with depression. **Children and young people with depression** are given information they can understand about the diagnosis and different treatments.
Source guidance references	NICE clinical guideline 28 recommendation 1.1.1.1.
Data source	**Structure:** Local data collection. **Process:** Local data collection. **Outcome:** Local data collection.

Equality and diversity considerations	NICE clinical guideline 28 recommendation 1.1.2.1 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 developmental level, emotional maturity and cognitive capacity, including any learning disabilities, sight or hearing problems or delays in language development.

Draft quality statement 3: Severe depression and high risk of self-harm or suicide

Draft quality statement	Children and young people with severe depression and a high risk of self-harm or suicide are assessed by CAMHS professionals within 24 hours 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 Child and Adolescent Mental Health Services (CAMHS) with severe depression and a high risk of self-harm or suicide are seen urgently to help prevent injury or worsening of symptoms.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure CAMHS can assess within 24 hours of referral all children and young people with severe depression and a high risk of self-harm or suicide. **Process:** Proportion of children and young people with severe depression and a high risk of self-harm or suicide, who are assessed by CAMHS professionals within 24 hours of referral. Numerator – the number of children and young 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 severe depression and a high risk of self-harm or suicide.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for CAMHS to assess within 24 hours of referral children and young people with severe depression and a high risk of self-harm or suicide. **CAMHS professionals** ensure children and young people with severe depression and a high risk of self-harm or suicide are assessed by CAMHS professionals within 24 hours of referral. **Commissioners** ensure they commission CAMHS that assess within 24 hours all children and young people with severe depression and high risk of self-harm or suicide. **Children and young people with severe depression and high risk of self-harm or suicide** are assessed within 24 hours when referred to CAMHS.
Source guidance references	NICE clinical guideline 28 recommendation 1.6.1.1 The time frame of 24 hours is based on consensus of expert opinion.

Data source	**Structure:** Local data collection. **Process:** Local data collection. For CAMHS, data on waiting times are collected in the Child and Adolescent Mental Health Services secondary uses data set.
Definitions	**Severe depression** ICD-10 classification of mental and behavioural disorders describes severe depression as 7 or more depressive symptoms, with or without psychotic symptoms. **High risk of self-harm or suicide** Children and young people at high risk of self-harm or suicide could include, but is not limited to: • previous history of self-harm or attempted suicide • current self-harming behaviour or active suicidal plans • coexisting mental health problems.
Specific question for consultation	Is assessment within 24 hours of referral to CAMHS an acceptable time frame for children and young people with severe depression and a high risk of self-harm or suicide?

Draft quality statement 4: Severe depression without high risk of self-harm or suicide

Draft quality statement	Children and young people with severe depression but not at high risk of self-harm or suicide are assessed by CAMHS professionals within 10 days 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 Child and Adolescent Mental Health Services (CAMHS) with severe depression but not at high risk of self-harm or suicide are seen quickly to help prevent injury or worsening of symptoms.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure CAMHS can assess within 10 days children and young people with severe depression but not at high risk of self-harm or suicide. **Process:** Proportion of children and young people with severe depression but not at high risk of self-harm or suicide, who are assessed by CAMHS professionals within 10 days of referral. Numerator – the number of children and young people in the denominator assessed by CAMHS professionals within 10 days of referral. Denominator – the number of children and young people referred to CAMHS with severe depression but not at high risk of self-harm or suicide.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for CAMHS professionals to assess within 10 days of referral, children and young people with severe depression but not at high risk of self-harm or suicide. **CAMHS professionals** ensure they assess within 10 days of referral, children and young people with severe depression but not at high risk of self-harm or suicide . **Commissioners** ensure they commission CAMHS that assess within 10 days of referral, children and young people with severe depression but not at high risk of self-harm or suicide. **Children and young people with severe depression but not at high risk of self-harm or suicide** are assessed within 10 days of referral to CAMHS.
Source guidance references	NICE clinical guideline 28 recommendation 1.6.1.1 The time frame of 10 days is based on consensus of expert opinion.

Data source	**Structure:** Local data collection. **Process:** Local data collection. For CAMHS, data on waiting times are collected in the Child and Adolescent Mental Health Services secondary uses data set.
Definitions	**Severe depression** ICD-10 classification of mental and behavioural disorders describes severe depression as 7 or more depressive symptoms, with or without psychotic symptoms. **High risk of self-harm or suicide** Children and young people at high risk of self-harm or suicide include those with: • previous history of self-harm or attempted suicide • current self-harming behaviour or active suicidal plans • coexisting mental health problems.
Specific question for consultation	Is assessment within 10 days of referral to CAMHS an acceptable time frame for children and young people with severe depression but not at high risk of self-harm or suicide?

Draft quality statement 5: Monitoring progress

Draft quality statement	Children and young people receiving treatment for depression have their progress monitored at each appointment using a validated outcome measure.
Rationale	It is important to monitor the mood and feelings of children and young people receiving treatment for depression so that the effectiveness of treatment can be assessed and adjustments made to ensure maximum benefit.
Draft quality measure	**Structure:** Evidence of local arrangements to ensure validated outcome measures are used at each appointment to monitor the progress of children and young people receiving treatment for depression. **Process:** Proportion of appointments with children and young people receiving treatment for depression at which progress is monitored with a validated outcome measure. Numerator – the number of appointments in the denominator at which progress is monitored with a validated outcome measure. Denominator – the number of appointments with children and young people receiving treatment for depression.
Description of what the quality statement means for each audience	**Service providers** ensure systems are in place for validated outcome measures to be used at each appointment to monitor progress in children and young people receiving treatment for depression. **Healthcare and CAMHS professionals** use a validated outcome measure at each appointment to monitor progress in children and young people receiving treatment for depression. **Commissioners** ensure they commission services that use a validated outcome measure at each appointment to monitor progress in children and young people receiving treatment for depression. **Children and young people receiving treatment for depression** answer a set of standard questions at each appointment to check that the treatment is working.
Source guidance references	NICE clinical guideline 28 recommendation 1.1.3.8 and 1.1.4.5.
Data sources	**Structure:** Local data collection. **Process:** Local data collection. For CAMHS, data on outcomes measurement are collected in the Child and Adolescent Mental Health Services secondary uses data set.

Definitions	**Validated outcome measure** NICE clinical guideline 28 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).

Draft quality statement 6: Psychological and pharmacological therapies

Draft quality statement	Children and young people with depression receive psychological and pharmacological therapy appropriate to the severity of depression.
Rationale	Children and young people with depression should be offered treatments proven to reduce symptoms of depression. Some children and young people with mild depression may not want or need a specific intervention and a period of watchful waiting may be a suitable option. For moderate to severe depression, psychological therapies are the recommended first-line treatment. Antidepressants should not be offered as initial treatment for mild depression and should be offered for moderate to severe depression only in conjunction with a psychological therapy.
Draft quality measure	**Structure:** a) Evidence of local arrangements to provide the full range of psychological therapies for children and young people with depression as specified in NICE clinical guideline 28. b) Evidence of local arrangements to monitor the use of antidepressants for children and young people with depression. **Process:** a) Proportion of children and young people with continuing symptoms of mild depression after 4 weeks of watchful waiting who receive individual non-directive supportive therapy, group cognitive behavioural therapy (CBT) or guided self-help as initial treatment. Numerator – the number of children and young people in the denominator receiving individual non-directive supportive therapy, group CBT or guided self-help as initial treatment. Denominator – the number of children and young people with continuing symptoms of mild depression after 4 weeks of watchful waiting. b) Proportion of children and young people with mild depression receiving antidepressants as initial treatment. Numerator – the number of children and young people in the denominator receiving antidepressants as initial treatment. Denominator – the number of children and young people with mild depression. Antidepressants are not recommended as the initial treatment for children and young people with mild depression therefore an audit standard of 0% should be expected in this process measure c) Proportion of children and young people with moderate or severe depression receiving individual CBT, interpersonal therapy

	or shorter-term family therapy as initial treatment. Numerator – the number of children and young people in the denominator receiving individual CBT, interpersonal therapy or shorter-term family therapy as initial treatment. Denominator – the number of children and young people with moderate or severe depression. d) Proportion of children and young people with moderate or severe depression receiving antidepressants who receive them in combination with a concurrent psychological therapy. Numerator – the number of children and young people in the denominator receiving a concurrent psychological therapy. Denominator – the number of children and young people with moderate or severe depression receiving antidepressants. **Outcome:** Remission rates and symptom reduction for children and young people with depression.
Description of what the quality statement means for each audience	**Service providers** ensure they provide psychological and pharmacological therapies for children and young people appropriate to the severity of depression as specified in NICE clinical guideline 28. **Healthcare and CAMHS professionals** ensure children and young people with depression are offered psychological and pharmacological therapy appropriate to the severity of depression as specified in NICE clinical guideline 28. **Commissioners** ensure they commission services that provide the full range of psychological and pharmacological therapy for children and young people with depression appropriate to the severity of depression as specified in NICE clinical guideline 28. **Children and young people with depression** are offered a talking therapy that best suits them and are not usually offered antidepressants as first treatment.
Source guidance references	NICE clinical guideline 28 recommendations 1.5.2.1, 1.5.2.3 (key priority for implementation), 1.6.1.2 (key priority for implementation) and 1.6.4.1 (key priority for implementation)
Data source	**Structure:** a) and b) Local data collection. **Process:** a), b), c) and d) Local data collection. For CAMHS, data on interventions provided by CAMHS are collected in the Child and Adolescent Mental Health Services secondary uses data set. **Outcome:** Local data collection. For CAMHS, data on outcomes measurement are collected in the Child and Adolescent Mental Health Services secondary uses data set.
Definitions	**Severity of depression** ICD-10 classification of mental and behavioural disorders uses an agreed list of 10 depressive symptoms, and divides the common form of major depressive episode into 4 groups

	• 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). **Psychological therapy** • **Watchful waiting** Watchful waiting is a period during which no active treatment is offered if, in the opinion of the healthcare professional, the person may recover without a specific intervention. All people undergoing watchful waiting should be offered a follow-up appointment. • **Non-directive supportive therapy** Non-directive supportive therapy involves planned direct individual contact with an empathic, concerned and skilled non-specialist CAMHS professional to offer emotional support and non-directive problem solving and to review the child or young person's state (for example, depressive symptoms, school attendance, suicidality and recent social activities) to assess whether specialist help is needed. • **Cognitive behavioural therapy** Cognitive behavioural therapy includes a range of behavioural and cognitive therapies, in part derived from the cognitive behavioural model of affective disorders, in which the person with depression works collaboratively with a therapist towards specific treatment goals. These may include recognising how behaviour or thought patterns affect feelings, and encouraging alternative thoughts or behaviours to reduce the severity of symptoms. • **Guided self-help** Guided self-help is a self-administered intervention for depression that uses a range of books or a self-help manual that is based on an evidence-based intervention and is designed specifically for the purpose. • **Interpersonal therapy** Interpersonal therapy focuses on relationships with others, and on problems such as communication difficulties. Interpersonal therapy is concerned with how mood can influence the way people relate to those close to them. • **Family therapy** Family therapy sessions are based on systemic, cognitive behavioural or psychoanalytic principles, which may include psychoeducational, problem solving and crisis management work, and might involve specific interventions with a child or young person with depression.

Equality and diversity considerations	NICE clinical guideline 28 recommendation 1.1.2.2 states that consideration should be given to providing psychological therapies and information about medication 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 also take account of developmental level, emotional maturity and cognitive capacity, including any learning disabilities, sight or hearing problems or delays in language development.

3 Status of this quality standard

This is the draft quality standard released for consultation from 3 April to 1 May 2013. This document is not NICE's final quality standard on depression in children and young people. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 1 May 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from September 2013.

4 Using the quality standard

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, health and social care professionals, patients, service users and carers alongside the documents listed in section 6.

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

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.

We have illustrated where national indicators currently exist and measure the quality statement. National indicators include those developed by the Health and Social Care Information Centre through their Indicators for Quality Improvement

Programme. If national quality indicators do not exist, the quality measures should form the basis of audit criteria developed and used locally to improve the quality of care.

For further information, including guidance on using quality measures, please see What makes up a NICE quality standard

5 Diversity, equality and language

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

Good communication between health and social care services and children and young people with depression is essential. Treatment, care and support, and the information given about it, should be 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 parents or carers) 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 avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

6 How this quality standard was developed

The evidence sources used to develop this quality standard are listed in section 8, along with relevant policy context. References for the definitions and data sources for the quality measures are also included. Further explanation of the methodology used can be found in the Quality standards process guide.

7 Related NICE quality standards

7.1 Published

Depression in adults. NICE quality standard 8 (2011).

7.2 In development

Self-harm. Publication expected June 2013.

7.3 Future quality standards

This quality standard will be developed in the context of the full list of quality standards referred to NICE, including the following topics scheduled for future development:

Anxiety.

Managing the transition from children's to adult services.

8 Development sources

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited sources that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Depression in children and young people. NICE clinical guideline 28 (2005).

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) Launch of phase one of children and young people's IAPT.

- Royal College of Psychiatrists (2011) National audit of psychological therapies for anxiety and depression.
- Department of Health (2011) Talking therapies: a four year plan of action.
- 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.

Definitions and data sources for the quality measures

References included within the definitions and data sources sections:

- NHS Information Standards Board (2012) Child and Adolescent Mental Health Services secondary uses data set.
- World Health Organisation (2010) ICD-10 classification of mental and behavioural disorders.