

SAMPLE CHAPTER FROM:

Depression in Children and Young People

Identification and Management in Primary, Community and Secondary Care

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By the National Collaborating Centre for Mental Health (NCCMH)

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(one of a series of complete NICE Mental Health Guidelines)



1 Introduction

This guideline has been developed to advise on the identification and management of depression in children and young people in primary, community and secondary care. The guideline recommendations have been developed by a multidisciplinary team of healthcare professionals, carers, and guideline methodologists after careful consideration of the best available evidence. It is intended that the guidelines will be useful to clinicians and service commissioners in providing and planning high-quality care for children and young people with depression while also emphasising the importance of the experience of care for patients and their families.

1.1 National guidelines

1.1.1 What are clinical practice guidelines?

Clinical practice guidelines are 'systematically developed statements that assist clinicians and patients in making decisions about appropriate treatment for specific conditions' (Department of Health, 1996). They are derived from the best available research evidence, using predetermined and systematic methods to identify and evaluate all the evidence relating to the specific condition in question. Where evidence is lacking, the guidelines will incorporate statements and recommendations based upon the consensus statements developed by the guideline development group (GDG).

Clinical guidelines are intended to improve the process and outcomes of healthcare in a number of different ways. Clinical guidelines can:

- provide up-to-date evidence-based recommendations for the management of conditions and disorders by healthcare professionals
- be used as the basis to set standards to assess the practice of healthcare professionals
- form the basis for education and training of healthcare professionals
- assist patients and carers in making informed decisions about their treatment and care
- improve communication between healthcare professionals, patients and carers
- help identify priority areas for further research.

1.1.2 Uses and limitations of clinical guidelines

Guidelines are not a substitute for professional knowledge and clinical judgment. Guidelines can be limited in their usefulness and applicability by a number of different factors: the availability of high-quality research evidence, the quality of the methodology

used in the development of the guideline, the generalisability of research findings and the uniqueness of individual patients.

Although the quality of research in depression in children and young people is variable, the methodology used here reflects current international understanding on the appropriate practice for guideline development (AGREE: Appraisal of Guidelines for Research and Evaluation Instrument; www.agreecollaboration.org), ensuring the collection and selection of the best research evidence available, and the systematic generation of treatment recommendations applicable to the majority of patients and situations. However, there will always be some patients for whom clinical guideline recommendations are not appropriate and situations in which the recommendations are not readily applicable. This guideline does not, therefore, override the individual responsibility of healthcare professionals to make appropriate decisions in the circumstances of the individual patient, in consultation with the patient and/or carer.

In addition to the clinical evidence, cost-effectiveness information, where available, is taken into account in the generation of statements and recommendations of the clinical guidelines. While national guidelines are concerned with clinical and cost effectiveness, issues of affordability and implementation costs are to be determined by the NHS.

In using guidelines, it is important to remember that the absence of empirical evidence for the effectiveness of a particular intervention is not the same as evidence for ineffectiveness. In addition, of particular relevance in mental health, evidence-based interventions are often delivered within the context of an overall treatment programme including a range of activities, the purpose of which may be to help engage the patient, and provide an appropriate context for the delivery of specific interventions. It is important to maintain and enhance the service context in which these interventions are delivered, otherwise the specific benefits of effective interventions will be lost. Indeed, the importance of organising care, so as to support and encourage a good therapeutic relationship, is at times more important than the specific interventions offered.

1.1.3 Why develop national guidelines?

The National Institute for Clinical Excellence (NICE) was established as a Special Health Authority for England and Wales in 1999, with a remit to provide a single source of authoritative and reliable guidance for patients, professionals and the public. NICE guidance aims to improve standards of care, to diminish unacceptable variations in the provision and quality of care across the NHS and to ensure that the health service is patient-centred. All guidance is developed in a transparent and collaborative manner using the best available evidence and involving all relevant stakeholders.

NICE generates guidance in a number of different ways, two of which are relevant here. First, national guidance is produced by the Technology Appraisal Committee to give robust advice about a particular treatment, intervention, procedure or other health technology. Second, NICE commissions the production of national clinical practice guidelines focused upon the overall treatment and management of a specific condition. To enable this latter development, NICE established seven National Collaborating Centres in conjunction with a range of professional organisations involved in healthcare.

1.1.4 The National Collaborating Centre for Mental Health

This guideline has been commissioned by NICE and developed within the National Collaborating Centre for Mental Health (NCCMH). The NCCMH is a collaboration of the professional organisations involved in the field of mental health, national service-user and carer organisations, a number of academic institutions and NICE. The NCCMH is funded by NICE and led by a partnership between the Royal College of Psychiatrists' Research Unit and the British Psychological Society's equivalent unit, the Centre for Outcomes Research and Effectiveness. Members of the NCCMH reference group come from the following organisations:

- British Psychological Society
- Centre for Economics in Mental Health
- Centre for Evidence Based Mental Health
- College of Occupational Therapists, now replaced by the Clinical Effectiveness Forum for the Allied Health Professions
- Institute of Psychiatry
- Manic Depression Fellowship
- Mind
- National Institute for Social Work
- Rethink Severe Mental Illness
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Psychiatrists
- Royal Pharmaceutical Society.

The NCCMH reference group provide advice on a full range of issues relating to the development of guidelines, including the membership of experts, professionals, patients and carers within guideline development groups.

1.1.5 From national guidelines to local protocols

Once a national guideline has been published and disseminated, local healthcare groups will be expected to produce a plan and identify resources for implementation, along with appropriate timetables. Subsequently, a multidisciplinary group involving commissioners of health care, primary care and specialist mental health professionals, patients and carers should undertake the translation of the implementation plan into local protocols. The nature and pace of the local plan will reflect local healthcare needs and the nature of existing services; full implementation may take a considerable time, especially where substantial training needs are identified.

1.1.6 Auditing the implementation of guidelines

This guideline identifies key areas of clinical practice and service delivery for local and national audit. Although the generation of audit standards is an important and necessary step in the implementation of this guidance, a more broadly based implementation strategy should be developed. Nevertheless, it should be noted that the Healthcare Commission will monitor the extent to which Primary Care Trusts (PCTs), trusts responsible for mental health and social care and Health Authorities have implemented these guidelines.

1.2 The national Depression in Children and Young People guideline

1.2.1 Who has developed this guideline?

The Guideline Development Group (GDG) was convened by the NCCMH, and supported by funding from NICE. The GDG consisted of carers, professionals from primary care, psychiatry, clinical psychology, nursing, social work services and the voluntary sector.

Staff from the NCCMH provided leadership and support throughout the process of guideline development, undertaking systematic searches, information retrieval, appraisal and systematic review of the evidence. Members of the GDG received training in the process of guideline development. The National Guidelines Support and Research Unit, also established by NICE, provided advice and assistance regarding aspects of the guideline development process.

All members of the Group made formal declarations of interest at the outset, updated at every GDG meeting. GDG members met a total of 20 times throughout the process of guideline development. For ease of evidence identification and analysis, some members of the GDG became topic leads, covering identifiable intervention approaches. The NCCMH technical team supported group members, with additional expert advice from special advisers where necessary. All statements and recommendations in this guideline have been generated and agreed by the whole GDG.

1.2.2 For whom is this guideline intended?

This guideline will be of relevance to children and young people from 5 years until their 18th birthday who have experience of depression. For young adults of 18 years and over, healthcare professionals should follow the NICE clinical guideline number 23, Depression: Management of Depression in Primary and Secondary Care (NICE, 2004). (For information concerning transfer to adult services see section 8.1.8 of this guideline for children and young people.)

The guideline covers the care provided by primary, community, secondary and other healthcare professionals who have direct contact with, and make decisions concerning the care of, children and young people with depression.

The guideline will also be relevant to the work, but will not cover the practice, of those in:

- occupational health services
- social services
- the independent sector.

The experience of depression can affect the whole family and often the community. The guideline recognises the role of both in the treatment and support of children and young people with depression.

1.2.3 Specific aims of this guideline

The guideline makes recommendations and suggests good practice points for the treatment and management of depression in children and young people. Specifically, it aims to:

- Evaluate the role of specific psychological therapies in the treatment and management of depression in children and young people
- Evaluate the role of specific pharmacological treatments in the treatment and management of depression in children and young people
- Address the issues of diagnosis, detection and the use of screening techniques in high-risk situations.
- Provide key review criteria for audit, which will enable objective measurements to be made of the extent and nature of local implementation of this guidance, particularly its impact upon practice and outcomes for children and young people with depression.

The guideline will not cover interventions that are not normally available in the NHS.

1.2.4 The structure of this guideline

The guideline is divided into chapters, each covering a set of related topics. The first two chapters provide an introduction to the guideline and the methods used to develop the guideline. The third chapter provides an introduction to depression in children and young people. Chapters 4 to 8 provide the evidence that underpins the recommendations. The final Chapter provides a summary of the recommendations.

Each evidence chapter and/or sub-section begins with a general introduction to the topic that sets the recommendations in context. Depending on the nature of the evidence, narrative reviews or meta-analyses were conducted. Therefore, the structure of the chapters varies. Where appropriate, information about current practice, the evidence base and any research limitations is provided. Where meta-analyses were conducted, information about the databases searched and the study inclusion criteria is given. This is followed by information about the studies considered for review. Evidence summary tables or narrative reviews are used to present the evidence. Clinical summaries are used to summarise the evidence presented. Finally, recommendations related to each topic are presented at the end of each chapter. On the CD-ROM, full details about the included studies can be found in Appendix Q, R, S and T. Where meta-analyses were conducted, full details about the quality of the evidence and summary statistics can be found in evidence profile tables in Appendix P on CD-ROM. Data from individual studies can be found in forest plots presented in Appendix U and V on CD-ROM (see Text Box 1 for details).

Text Box 1: Evidence summaries and relevant section/appendix

| Evidence summaries | Chapter section/Appendix |
|--|--|
| Evidence summary tables | 6.2.7, 6.2.8, 7.4.4, 7.4.5, 7.5.4 |
| Clinical summaries | 4.2.9, 5.1.5, 5.2.3, 5.3.5, 6.2.9, 6.3.3, 6.4.5, 7.4.8, 7.5.5, 7.6.5, 7.8.5, 8.2.6 |
| Included/excluded studies tables for family support/parental education | Appendix Q |
| Included/excluded studies tables for psychological interventions | Appendix R |
| Included/excluded studies tables for antidepressant drug treatment | Appendix S |
| Included/excluded studies tables for other drug treatment | Appendix T |
| Forest plots for psychological interventions | Appendix U |
| Forest plots for antidepressant drug treatment | Appendix V |