3.1 Depression

SURVEILLANCE FOR DEPRESSION:

- Routinely, all patients ages 12+ annually
- Children and youth presenting with sadness, irritability, somatic complaints, school problems, parent-child conflict
- Additional risks include: family hx of depression; trauma; SUD; chronic disease; mental health comorbidity; bereavement

VALIDATED SCREENING TOOLS:

- Short Mood and Feelings Questionnaire (SMFQ) — age 6+ (positive ≥ 8)
- PHQ-A — age 12+ (10-14: moderate; 15+ and/or Q9 positive: severe)

PHQ-A:
Pay attention to Question 9!

Save A Life: Look for SIGECAPS
Sleep changes; lack of Interest;
Guilt; decreased Energy;
Concentration difficulties;
Appetite increase/decrease;
Psychomotor retardation/agitation;
Suicidal ideation

Interview patient alone
Interview parent/caregiver
Complete PE with labs as needed
Use motivational interviewing to form a treatment alliance
Pay attention to response on PHQ-A Q #9

ASSESS FOR SAFETY

- Hx of suicide attempt or self-harm?
- Suicidality present? (suicide-risk screening tool; see care guide)
- Mania or psychosis? (see care guides)

Safety concern?
YES
EMERGENCY MENTAL HEALTH ASSESSMENT
See Suicidality Care Guide

NO

Mild depression:
PHQ-A score 5-9
Moderate depression:
PHQ-A score 10-14
SMFQ score > 8
Severe depression:
PHQ-A score 20+

- Active follow-up
- Psychoeducation, team formation and goal setting
- Evidence-based psychotherapy and/or medication
- If not successful, assess and screen for comorbid mental health conditions

- Psychoeducation, evidence-based therapy, medication
- Assess and screen for comorbid mental health conditions
- Safety plan — see Suicidality Care Guide
- Consider referral or consultation with VMAP or psychiatry
# PHQ-9: MODIFIED FOR TEENS (PHQ-A)

**Name:** ____________________________________  **Clinician:** ___________________________  **Date:** ______________

Instructions: How often have you been bothered by each of the following symptoms during the past **two weeks**? For each symptom put an “X” in the box beneath the answer that best describes how you have been feeling.

<table>
<thead>
<tr>
<th></th>
<th>Not At All</th>
<th>Several Days</th>
<th>More Than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling down, depressed, irritable, or hopeless?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Little interest or pleasure in doing things?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Trouble falling asleep, staying asleep, or sleeping too much?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Poor appetite, weight loss, or overeating?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Feeling tired, or having little energy?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or feeling that you are a failure, or that you have let yourself or your family down?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Trouble concentrating on things like school work, reading, or watching TV?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you were moving around a lot more than usual?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself in some way?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

In the **past year** have you felt depressed or sad most days, even if you feel okay sometimes?  
☐ Yes  ☐ No

If you are experiencing any of the problems on this form, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?  
☐ Not difficult at all  ☐ Somewhat difficult  ☐ Very difficult  ☐ Extremely difficult

Has there been a time in the **past month** when you have had serious thoughts about ending your life?  
☐ Yes  ☐ No

Have you **EVER**, in your WHOLE LIFE, tried to kill yourself or made a suicide attempt?  
☐ Yes  ☐ No

*If you have had thoughts that you would be better of dead or of hurting yourself in some way, please discuss this with your Health Care Clinician, go to a hospital emergency room or call 911.*

**Office use only:**  **Severity score:** ______________

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)
PHQ-9 MODIFIED FOR TEENS (PHQ-A) SCORING GUIDANCE

When collecting the measure, please pay special attention to item #9. If an individual responds to item #9 with a 3, immediately assess safety. If an individual replies to item #9 with a 1 or a 2, assess for safety and consider VMAP consultation or specialist referral.

<table>
<thead>
<tr>
<th>Scores Represent</th>
<th>0-4</th>
<th>no or minimal depression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5-9</td>
<td>mild depression</td>
</tr>
<tr>
<td></td>
<td>10-14</td>
<td>moderate depression</td>
</tr>
<tr>
<td></td>
<td>15-19</td>
<td>moderately severe depression</td>
</tr>
<tr>
<td></td>
<td>20-27</td>
<td>severe depression</td>
</tr>
</tbody>
</table>

Additional Scoring Guidance:

USING THE PHQ-9 TO ASSESS PATIENT RESPONSE TO TREATMENT

Initial Response After 4 Weeks of an Adequate Dose of an Antidepressant

<table>
<thead>
<tr>
<th>PHQ-9</th>
<th>Treatment Response</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop of ≥ 5 points from baseline</td>
<td>Adequate</td>
<td>No treatment change needed. Follow-up in four weeks.</td>
</tr>
<tr>
<td>Drop of 2-4 points from baseline</td>
<td>Possibly Inadequate</td>
<td>May warrant an increase in antidepressant dose.</td>
</tr>
<tr>
<td>Drop of 1 point or no change or increase</td>
<td>Inadequate</td>
<td>Increase dose; augmentation; switch; informal or formal psychiatric consultation; circle back and confirm therapy is occurring.</td>
</tr>
</tbody>
</table>

Initial Response After 6 Weeks of Psychological Counseling

<table>
<thead>
<tr>
<th>PHQ-9</th>
<th>Treatment Response</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop of ≥ 5 points from baseline</td>
<td>Adequate</td>
<td>No treatment change needed. Follow-up in four weeks.</td>
</tr>
<tr>
<td>Drop of 2-4 points from baseline</td>
<td>Possibly Inadequate</td>
<td>Probably no treatment change needed. Share PHQ-9 with psychotherapist.</td>
</tr>
<tr>
<td>Drop of 1 point or no change or increase</td>
<td>Inadequate</td>
<td>If depression-specific psychological counseling (CBT, PST, IPT *) discuss with therapist, consider adding antidepressant. For patients dissatisfied with current counseling, review community options.</td>
</tr>
</tbody>
</table>

*CBT = Cognitive Behavioral Therapy; PST = Problem Solving Treatment; IPT = Interpersonal Therapy

Source: MacArthur Initiative on Depression and Primary Care (2009)
SHORT MOOD AND FEELINGS QUESTIONNAIRE (PARENT REPORT ON CHILD)
This form is about how your child might have been feeling or acting recently.

For each question, please check (✓) how s/he has been feeling or acting in the past two weeks.
- If a sentence was not true about your child, check NOT TRUE.
- If a sentence was only sometimes true, check SOMETIMES.
- If a sentence was true about your child most of the time, check TRUE.

<table>
<thead>
<tr>
<th>S/he felt miserable or unhappy.</th>
<th>NOT TRUE</th>
<th>SOMETIMES</th>
<th>TRUE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he didn’t enjoy anything at all.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he felt so tired that s/he just sat around and did nothing.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he was very restless.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he felt s/he was no good anymore.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he cried a lot.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>S/he found it hard to think properly or concentrate.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he hated him/herself.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he felt s/he was a bad person.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he felt lonely.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he thought nobody really loved him/her.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he thought s/he could never be as good as other kids.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>S/he felt s/he did everything wrong.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Score the SMFQ as follows:
NOT TRUE = 0
SOMETIMES = 1
TRUE = 2

A total score on the child version of the SMFQ of 8 or more is considered significant.
EVIDENCE-BASED BEHAVIORAL INTERVENTIONS FOR DEPRESSION

Cognitive Behavioral Therapy (CBT) — bidirectional relationship between feelings, thoughts, and behavior to identify patterns of thinking that influence behavior and contribute to depressed mood

Interpersonal psychotherapy — explores relationship difficulties with family and friends that can exacerbate depressed mood; teaches problem-solving skills

Family therapy — involves family members together to promote alliances, connection, and strengths

Dialectical Behavioral Therapy (DBT) — PowerPoint Presentation (nami.org) - may be helpful for patients who experience very strong negative emotions but know few skills to manage them and resort to suicidal/self-injurious behavior

Does depression need to be treated? Will it just get better?

• Single episode of untreated depression can last 6-9 months — a whole school year!
• Serious consequences — increased risk for suicide, substance abuse, eating disorders
• Impairment in functioning at school, home, work and with peers has long-term implications/consequences
• Lack of treatment increases risk for future relapse and worsening depression which can be harder to treat

How can caregivers help children and teens with depression?

• One caring adult is the path to resilience
• Can make a difference in providing hope and be a sounding board for the child/youth
• Safety planning: talk about suicide and self-harm seriously, remove lethal means, monitor and listen carefully
• Symptom improvement requires encouragement; reduce family conflict and increase support
• Ensure sleep adequacy and hygiene, exercise, healthy diet; consider reducing screen time
• Work with school professionals to adjust workload, lighten other obligations outside school
• Enhance protective factors and reduce risk factors
• Be a coach as your teen learns new ways of thinking and coping through therapy

What if therapy is not working?

• Reassess diagnosis, co-occurring conditions, treatment plan, and compliance
• Consider medication evaluation
• Consider consultation with VMAP

Coming July 16, 2022!

Virginians will soon be able to dial “988” to access the National Suicide Prevention Hotline.

The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.
### MEDICATION GUIDANCE: COMMONLY PRESCRIBED ANTI-DEPRESSANTS

*(not an exhaustive list)*

<table>
<thead>
<tr>
<th>Class</th>
<th>Generic</th>
<th>Brand Name</th>
<th>Available Forms/Doses</th>
<th>Dosing Information</th>
<th>Other Information</th>
<th>Comments</th>
</tr>
</thead>
</table>
| SSRI  | fluoxetine | Prozac | • 20mg/5ml  
• Tabs 10/20/40/60mg | *Initial dose:* 5-10mg  
*Max dose:* 80mg  
*Typical effective dose:* 20mg  
*Duration:* 24 hours | When switching meds tapering is not usually required due to very long half-life of active metabolite (avg 9.3 days)  
Common side effects and risk of serotonin syndrome ++ | Common first line, FDA approved for MDD age 8+, OCD age 7+, PMDD |
| SSRI  | escitalopram | Lexapro | • 5mg/5ml  
• Tabs 5/10/20mg | *Initial dose:* 5mg  
*Max dose:* 20mg  
*Typical effective dose:* 10mg  
*Duration:* 24 hours | Contraindicated in known congenital long QT syndrome  
Common side effects and risk of serotonin syndrome ++ | Common first line, FDA approved for MDD age 12+, GAD |
| SSRI  | sertraline | Zoloft | • 20mg/ml  
• Tabs 25/50/100mg | *Initial dose:* 12.5mg  
*Max dose:* 200mg  
*Typical effective dose:* 100mg  
*Duration:* 24 hours | Drowsiness and sleep disturbance more common in adults than children  
Common side effects and risk of serotonin syndrome ++ | Evidence based for MDD, OCD age 6+, PMDD, PTSD. |
| SSNRI | duloxetine | Cymbalta | • Caps 20/30/60mg  
• Sprinkle 20/30/40/60mg | *Initial dose:* 30mg for at least 2 weeks  
*Max dose:* 120mg  
*Typical effective dose:* 40-60mg for MDD, up to 120mg for GAD  
*Duration:* 24 hours | Common side effects: abd pain, dec appetite, nausea, vomiting, dry mouth, drowsiness, headache.  
Sexual side effects, sleep disturbance, and weight loss can be seen. | MDD and GAD age 7+, consider after two SSRIs have been tried, juvenile fibromyalgia age 13+ |
| NDRI  | bupropion | Wellbutrin | Multiple forms  
Short and longer acting | Dosing depends upon the release of the med | NOT first line therapy for depression — may consider for refractory depression; consider psychiatry consultation | Not first line for ADHD but may be considered for MDD with co-occurring ADHD |

SSRI = selective serotonin reuptake inhibitor, SSNRI = selective serotonin-norepinephrine reuptake inhibitor, NDRI = norepinephrine and dopamine reuptake inhibitor

*Initial dose, max dose, typical effective dose are half for age 8-11.

++ Common SSRI side effects: nausea, diarrhea, dry mouth, drowsiness, insomnia, decreased libido, ejaculatory dysfunction.

Serotonin syndrome is an emergency and is a clinical diagnosis. KNOW all of patient’s medications (rx, other substances and supplements) and symptoms of serotonin syndrome: tachycardia, hypertension, hyperthermia, agitation, ocular clonus, dilated pupils, tremor, akathisia, hyperreflexia, clonus, flushed skin, diaphoresis.

Note: all medication information should be verified using current PDR

Consider switchrx.com for guidance on medication switch
# PROVIDER TIPS & CLINICAL PEARLS: PCP MANAGEMENT OF DEPRESSION

<table>
<thead>
<tr>
<th>Careful History</th>
<th>Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Functioning in all domains</td>
<td>• <strong>Younger children:</strong> withdrawal, temper tantrums, persistent boredom, school avoidance, failure to gain weight appropriately</td>
</tr>
<tr>
<td>• Trauma and triggers</td>
<td>• <strong>Teens:</strong> irritability or anger, reckless or hostile behavior, low self-esteem, new academic issues, withdrawal from activities and peers, substance abuse and risk-taking behaviors</td>
</tr>
<tr>
<td>• Somatic and mood complaints</td>
<td></td>
</tr>
<tr>
<td>• Co-occurring and/or family hx of psychiatric diagnoses</td>
<td></td>
</tr>
<tr>
<td>• Substance abuse</td>
<td></td>
</tr>
<tr>
<td>• History of mania</td>
<td></td>
</tr>
<tr>
<td>• Peer relationships</td>
<td></td>
</tr>
<tr>
<td>• Sexual identity, gender identity</td>
<td></td>
</tr>
<tr>
<td>• Perfectionism</td>
<td></td>
</tr>
<tr>
<td>• Younger children: withdrawal, temper tantrums, persistent boredom, school avoidance, failure to gain weight appropriately</td>
<td></td>
</tr>
<tr>
<td>• Teens: irritability or anger, reckless or hostile behavior, low self-esteem, new academic issues, withdrawal from activities and peers, substance abuse and risk-taking behaviors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical Work-Up and Differential Diagnosis</strong></td>
<td><strong>Psychoeducation</strong></td>
</tr>
<tr>
<td>• Complete PE, weight change and appetite</td>
<td>• Message to patient: &quot;We are glad you're here. We are on the same team!&quot;</td>
</tr>
<tr>
<td>• Hx of traumatic brain injury, recurrent concussion</td>
<td>• See <a href="#">Suicidality Care Guide</a> for safety planning</td>
</tr>
<tr>
<td>• Consider labs if clinically indicated: TSH, CBC, urine drug screen, pregnancy test</td>
<td>• Self-care is power! Strong bodies make strong minds; encourage sleep, exercise, nature.</td>
</tr>
<tr>
<td>• Consider possible differential diagnoses:</td>
<td>• See family handout</td>
</tr>
<tr>
<td>• Adjustment disorder</td>
<td>• Patients with residual symptoms have an increased risk of relapse</td>
</tr>
<tr>
<td>• Bereavement</td>
<td>• GLAD-PC is free to download: screeners, medication guidelines, family handouts</td>
</tr>
<tr>
<td>• PTSD</td>
<td></td>
</tr>
<tr>
<td>• Bipolar Disorder</td>
<td></td>
</tr>
<tr>
<td>• DMDD</td>
<td></td>
</tr>
<tr>
<td>• Substance induced depression</td>
<td></td>
</tr>
<tr>
<td>• Anemia</td>
<td></td>
</tr>
<tr>
<td>• Thyroid dysfunction</td>
<td></td>
</tr>
<tr>
<td>• Adverse effect of medication</td>
<td></td>
</tr>
<tr>
<td>• Substance use</td>
<td></td>
</tr>
<tr>
<td>• Mononucleosis</td>
<td></td>
</tr>
</tbody>
</table>

Section 3.1 | Depression 66
PREVALENCE OF DEPRESSION

Estimates: 2-4% in children, 4-8% in adolescents

Increases by a factor of 2-4 after puberty, especially in females

Screening and Diagnostic Criteria

- 5 or more of symptoms (with one of these * nearly daily):
  - Depressed, sad, or irritable mood*
  - Significant loss of interest or pleasure in activities*
  - Significant weight loss/gain or appetite changes
  - Difficulty falling/staying asleep or sleeping too much
  - Restlessness, unable to sit still (psychomotor agitation), being slowed down (psychomotor slowing)
  - Fatigue or loss of energy
  - Feelings of worthlessness, excessive/inappropriate guilt
  - Concentration/decision-making difficulties
  - Constant thoughts of death, suicidal thinking, or a suicide attempt

- Symptoms have lasted for at least 2 weeks, affecting performance at school, at work, with family, or with friends
- Symptoms are not caused by medication, drug abuse, or alcohol and are not the result of another medical or mental illness

GLAD-PC Toolkit published in 2018 for primary care providers
Download the entire document for free, and consider these handouts for families:

Self-Care (p.117-118)  Sleep (p.119)  Therapy (p. 120)  Meds (p. 123)
SECTION 3.1 | Depression

PROVIDER TIPS: EVIDENCE-BASED PHARMACOTHERAPY FOR DEPRESSION

PCP checklist before starting meds:

- Careful assessment, including trauma and triggers
- Family hx and success with medications
- Alliance with family
- Setting goals for treatment
- Safety planning
- Active follow-up and/or therapy have not resulted in improvement
- Depression is moderately severe or severe

SSRIs (selective serotonin reuptake inhibitors) are first line:

1. FDA-approved medications:
   - Fluoxetine: age 8+
   - Escitalopram: age 12+

2. Evidence-based medication for depression:
   - Sertraline

See Medication Dose Chart

This is not intended to be an exhaustive overview of antidepressants, but rather a starting point for providers to become familiar with the evidence-base for general practice with pediatric patients.

Review SSRI side effects:

<table>
<thead>
<tr>
<th>Common Usually resolve with time</th>
<th>Less Common May require med change</th>
<th>Rare But Notable Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insomnia</td>
<td>Agitation</td>
<td>New Suicidality</td>
</tr>
<tr>
<td>Sedation</td>
<td>Restlessness</td>
<td>Serotonin syndrome</td>
</tr>
<tr>
<td>Appetite change (up = down)</td>
<td>Impulsivity</td>
<td>Easy bleeding</td>
</tr>
<tr>
<td>Nausea</td>
<td>Irritability</td>
<td>Hyponatremia</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>Silliness</td>
<td>Mania</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>Prolonged QT interval</td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Review Box Warning: Monitor carefully for suicidal thoughts, especially in early treatment phase

- 2004 FDA review of 24 clinical trials (4,400 children and teens prescribed antidepressants for MDD, anxiety, OCD). **No completed suicides in any trials.**

- See guidebook module on Psychopharmacology Basics

Initial treatment phase: medication effect might not be felt until 4-6 weeks

- Week 1-2: start SSRI at initial test dose to assess for adverse effects; contact family to assess after Week 1
- Week 2-4: if no adverse effects and residual symptoms, increase to target dose
- Week 4: recheck in person or via telehealth and use a rating scale to support assessment

Continuation phase: goal is remission by 8 weeks

- AACAP recommends monitor monthly for 6 months after full remission
- If partial improvements, side effects, or maximum dose — consider contacting VMAP or psychiatry referral

Remission phase: 6-12 months of successful treatment

- If score < cut-point without impairment, then consider tapering antidepressant medication according to the following schedule: decrease daily dose by 25% every 2-4 weeks (or more slowly!) to starting dose, then discontinue.

VMAP psychiatrists and care navigators are only a phone call away!

1-888-371-VMAP (8627) | www.vmap.org
DEPRESSION ACTION PLAN

**My important contacts:** parents, caregivers, PCP, therapist, neighbor, teacher, friend!
*Put all in your phone now! Take a picture of this plan!*

<table>
<thead>
<tr>
<th>Contacts</th>
<th>Daytime Phone</th>
<th>Evening Phone</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
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<td></td>
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<td>Name:</td>
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<tr>
<td>PCP:</td>
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<td></td>
</tr>
<tr>
<td>Therapist:</td>
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<td></td>
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<tr>
<td>Emergency Contact:</td>
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<td></td>
</tr>
</tbody>
</table>

**National Suicide Prevention Lifeline:** 1-800-273-TALK (en Español: 1-888-628-9454)
**Crisis Text Line:** Text “HOME” to 741-741

**How to use this plan:**

**Green Zone:** depression symptoms under control
You are feeling well, functioning well in school and work, enjoying relationships at home and with peers.

**Personal Goals:**
1. ________________________________________________________________
2. ________________________________________________________________

**What to do:**
- **Go** Continue current plan: Therapy? PCP visits? Medication?
- **Go** Self-care: Do these areas need more focus?
  - Sleep
  - Energy level
  - Fun
  - Fun
  - Diet
  - Activities
  - Exercise
- **Go** Continue progress on two goals

**Yellow Zone:** depression symptoms NOT in remission
You are not feeling as well, experiencing at least 3 of the following, and you are NOT harming yourself, wishing you were dead, thinking about or planning to kill yourself:

- Sleep is off
- Energy level is off (fatigue)
- Slow or agitated feeling
- Little interest or pleasure
- Concentration is off
- Recurrence of previously improved symptoms
- Guilt or worthlessness
- Appetite changes
- New triggering event that is causing distress

**What to do:**
- **Caution** REACH OUT (to a parent, therapist, PCP, emergency contact, school counselor, or a hotline) and say: I NEED HELP! Get near someone who is your support person, and together plan next steps with your care team.

**Red Zone:** DANGER
You are really down with more than 3 of the above symptoms AND/OR you are thinking about suicide now: wishing you were dead, feeling that family would be better off, planning a suicide attempt, previous suicide attempt.

**What to do:**
- **Danger** IMMEDIATELY GET HELP:
  You are loved! Call the above contacts right away! Remember your call and text hotline numbers are in your phone!
ADDITIONAL LINKS FOR CAREGIVERS AND PATIENTS

What is depression?
- AACAP Facts for Families: Depression in Children and Teens
- National Alliance on Mental Illness (NAMI): 'About Mental Illness: Major Depression'
- Adolescent Depression: What Parents Can Do To Help - HealthyChildren.org defines depression and action steps for parents

Guidance about depression diagnosis, therapy and medication:
- effectivechildtherapy.org (Society of Clinical Child & Adolescent Psychology)

Self-care for depression
- For extensive family information including parent guides visit: Families for Depression Awareness at www.familyaware.org (covers the role of the caretaker and self-care for caretakers)
- Apps: Headspace, Calm, Breathe, CBT Companion