



Addressing Depression in the Primary Care Setting

KSKidsMAP intends for this toolkit to be used in conjunction with the KSKidsMAP program and not as a stand-alone resource. KSKidsMAP provides case-based consultation with experts in pediatric mental health, ongoing education, and mentorship through the Virtual TeleECHO Clinic, and physician and clinician wellness resources to those providing medical care to youth with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.

Included in the Pediatric Mental Health Toolkit for Depression:

Part A: Introduction

Part B: Definition of Major Depressive Disorder and Diagnostic Criteria

Part C: Video Didactics

Part D: Resources

Part A: Introduction

United States Preventive Service Taskforce (USPSTF) recommends universal depression screening for children ages 11 to 21 years. The incidence of depression symptoms in the high school age group is 32%¹ therefore KSKidsMAP wants to provide tools for physicians and clinicians (PCPs) to screen, diagnose, and treat depression in their practices.

Part B: Definition of Major Depressive Disorder (MDD)²

MDD is characterized by discrete episodes of at least 2 weeks' duration involving clear-cut changes in affect, cognition, and neurovegetative functions and inter-episode remissions.

Diagnostic Criteria*

- Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either depressed mood or loss of interest or pleasure.

¹ Youth Risk Behavior Surveillance System. (2019). Adolescent and School Health. Center for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/healthyyouth/data/yrbs/index.htm>

² American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>

- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (**Note:** In children and adolescents, can be irritable mood.)
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective accounts or observation).
- Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every date) (**Note:** In children, consider failure to make expected weight gain.)
- Insomnia or hypersomnia nearly every day.
- Psychomotor agitation or retardation nearly every day.
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The episode is not attributable to the physiological effects of a substance or to another medical condition.

*For more information on diagnostic criteria, diagnostic features, and associated features supporting diagnosis refer to the Diagnostic and Statistical Manual of Mental Disorder (DSM-5).

Part C: Video Didactics

The Pediatric Mental Health Toolkit for Depression includes four video didactics:

- Part 1 – How to Use Screening Tools
- Part 2 – First Line Treatment and Interventions
- Part 3 – Monitoring, Following Up, and When to Refer
- Part 4 – Brief Interventions

Part D: Additional Resources

1. [Patient Health Questionnaire – 9: Modified for Teens with scoring, PDF](#)
2. [Columbia Depression Scale, PDF](#)
3. [Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition](#)
4. [Guidelines for Adolescent Depression in Primary Care \(GLAD – PC\) Toolkit, PDF](#)
5. [Ask Suicide-Screening Questions \(ASQ\) Toolkit](#)
6. [Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part I. Practice Preparation, Identification, Assessment, and Initial Management](#)
7. [Guidelines for Adolescent Depression in Primary Care \(GLAD-PC\): Part II. Treatment and Ongoing Management](#)

[Enroll](#) in the KSKidsMAP Pediatric Mental Health Access Program to access the Consultation Line for case consultation with members from the Pediatric Mental Health team and to participate in the ongoing Virtual TeleECHO Clinic for case-based discussion and didactic learning or for wellness resources.

For more information about KSKidsMAP visit our [website](#) or email KSKidsMAP@kumc.edu.



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