KSKidsMAP
Kansas Together for Pediatric Mental Health Care Access
Pediatric Mental Health Toolkit
Topic: Depression
Part 2: First line treatment and interventions
GLAD-PC

• Psychoeducation

• Collaboratively developed treatment plan
  • Improved adherence when ready for change and given their treatment of choice
  • Specific treatment goals for home, school, social settings

• Safety plan
  • Restricting access to lethal means
  • Emergency communication plan
Active Monitoring

• Schedule frequent visits
• Establish exercise routine
• Adequate nutrition
• Family meetings to resolve issues at home
• Increase pleasant activities
• Peer support group
Primary Care Interventions

- Supportive treatment
- Problem solving
SSRIs

- Fluoxetine
- Escitalopram
- Citalopram
- Sertraline

- Black Box Warning
Maintaining Medication

• Continue medications for 6-12 months following remission
• Follow up appointments every 1-3 months
  • Obtain adolescent and parent symptom checklists
  • Evaluate treatment response, treatment compliance, and adverse reactions
Psychotherapy

• Cognitive Behavioral Therapy (CBT)
• Interpersonal Psychotherapy - Adolescents (IPT-A)
Treatment for Adolescents with Depression Study

- Adolescents with moderate to severe depression
- SSRI only and SSRI+CBT statistically superior to CBT only and placebo groups at 12 weeks
- SSRI, CBT, and SSRI+CBT equivalent at week 36
- CBT offers more protection against suicidal events
Disclosure

Thank you for viewing the Pediatric Mental Health Toolkit. 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 and adolescents with mental illness. Please connect with KSKidsMAP by emailing KSKidsMAP@kumc.edu or calling 1-800-332-6262.

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