

KSKidsMAP

*Kansas Together for Pediatric Mental Health Care
Access*

**Pediatric Mental Health Toolkit
Topic: Depression**

Part 3: Monitoring, following up, and when to refer



This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as a part of an award totaling \$2,134,666 with 20% financed with nongovernmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



Course of Depression

- 50% of those who have one episode of depression will have another
- 80% of those who have two episodes will have another
- Important to treat to remission
 - Continue medication for 6-12 months following remission
 - Follow up visits every 1-3 months once stable
 - Symptoms
 - Adverse reactions
 - Medication compliance



Monitoring Suicide Risk

- Safety proofing home
- Ask about suicide
 - Does not increase risk of suicide
- Monitor changes in mood/behavior
- Monitor for drug/alcohol use
- School/Social Connectedness
- Perceived burdensomeness
- Review safety plan



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When to refer

- The patient has failed 2 SSRI trials of adequate dose and duration
- Supplement with formal CBT or IPT
- Diagnostic clarification if patient fails multiple interventions
- Complex presentation/comorbidity
 - Psychotic features
 - Mania



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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