



Solutions

Provider Counseling

Adolescents who show signs of mild depression, with no suicidal ideation should receive counseling. These adolescents should receive counseling that includes information on normative developmental issues during adolescence. In addition, the provider should encourage: involvement in peer group activities; communication with a family member or other trusted adult, and the development of a contract for ongoing follow up and reassessment. The provider may also counsel that feelings of depression are common and usually pass relatively quickly. Adolescents should be reassured that the provider is always available to discuss their feelings and emotions. The provider might say, “Adolescents usually experience a lot of ups and downs in emotions. If you ever get so down that you are not sure you are going to make it, I hope you will contact me or somebody else you trust to give you a hand.”

Involvement in organized activities with peers can also help reduce feelings of alienation. If depressed feelings persist, the adolescent should be encouraged to seek help from a close, trusted individual, such as a parent or family member, or return to the provider. School social workers, counselors or nurses, and clergy may be available to help adolescents resolve feeling of depression that are related to family or school issues. The provider should emphasize the need for follow up care. The provider may choose to make a contract with the adolescent to return for follow-up and reassessment. An ongoing relationship with a child-adolescent psychiatrist in the community can be important for future consultation and referral.

Referral for Psychiatric Evaluation

Providers should describe the types of therapies to treat depression and suicide ideation including cognitive behavior therapy which has been found to be effective for those patients with suicidal thoughts and/or behaviors.

Adolescents who are moderate to severely depressed should be referred for evaluation to a psychiatrist with expertise in working with adolescents. Providers should be aware that patients often experience a delay when being referred for a psychiatric evaluation. As noted above, providers may need to need to establish on-going consultation and referral relationships to decrease the time span from

referral to evaluation. Providers may need to send an adolescent to the hospital emergency room for immediate psychiatric care if warranted.

The provider should prepare both the parent and the adolescent for the referral by explaining what to expect from the psychiatric evaluation. Myths and fears should be addressed. Advance preparation is important and may require an additional visit in order to allay apprehensions and fears. Additional follow-up by the primary health provider is important to ensure that the evaluation was completed and to monitor any of the adolescent's health problems.

Immediate Hospitalization and Psychiatric Evaluation

Adolescents who are at risk for suicide or who are struggling with a major episode of depression should be referred immediately to a child-adolescent psychiatrist for an evaluation. If immediate psychiatric assistance is not available, adolescents who have made gestures of suicide or have a delineated plan should be hospitalized with close observation until a thorough psychiatric evaluation can be completed.

For the most part, the criteria for hospitalization include imminent risk to others, imminent risk to self, and inability to care for oneself. Although adolescents 16 years and older may be admitted to adult units for valid clinical reasons, they are best treated in a program specifically designed for hospitalized adolescent psychiatric patients.

Use of Antidepressants

Medication alone is not sufficient to treat depression. Controversy continues to exist regarding antidepressants, particularly the selective serotonin reuptake inhibitors (SSRIs) and the strength of the evidence base supporting the efficacy of SSRIs in the pediatric population and the causal role of antidepressants in increasing suicides in children and adolescents. Use of antidepressants should be guided by prudent clinical judgment and in combination with therapy.

Adapted from Levenberg PB, Elster AB. *Guidelines for Adolescent Preventive Services (GAPS) Clinical Evaluation and Management Handbook*. 1996. Chicago: American Medical Association.