Subject: NICE Clinical Guideline CG28 – Depression in children and young people: identification and management

Summary of Contents:
This guideline covers identifying and managing depression in children and young people aged between 5 and 18 years. Based on the stepped care model, it aims to improve recognition and assessment and promote effective treatments for mild, moderate and severe depression.

Enquiries:
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Circular Reference: HSC (SQSD) (NICE CG28) 39/17
Date of Issue: 07 December 2017
Related documents:
HSC (SQSD) 3/13

Superseded documents
None

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Dear Colleagues


The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland. This Clinical Guideline was published by NICE in September 2005 prior to the Department’s link to the Institute. It has been reviewed for applicability now due to an update by NICE in September 2017.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken ([https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf))

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods
Deputy Chief Medical Officer
### Appendix 1

**Endorsed NICE guidance - Details from Departmental review**

| Reference Number | NICE Clinical Guideline – CG28  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td><a href="https://www.nice.org.uk/guidance/cg28">https://www.nice.org.uk/guidance/cg28</a></td>
</tr>
<tr>
<td>Title</td>
<td>Depression in children and young people: identification and management</td>
</tr>
<tr>
<td>Summary of guidance</td>
<td>This guideline covers identifying and managing depression in children and young people aged between 5 and 18 years. Based on the stepped care model, it aims to improve recognition and assessment and promote effective treatments for mild, moderate and severe depression.</td>
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<tr>
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<td>It includes recommendations on:</td>
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<td></td>
<td>• care of all children and young people with depression</td>
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<td></td>
<td>• stepped care</td>
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<td></td>
<td>• step 1: detection, risk profiling and referral</td>
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<td>• step 2: recognition</td>
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<td>• step 3: mild depression</td>
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<td>• steps 4 and 5: moderate to severe depression</td>
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<td>• transfer to adult services</td>
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<tr>
<td>Related strategically relevant DoH/HSC policies</td>
<td>None</td>
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<tr>
<td>Inter-Departmental interest</td>
<td>None</td>
</tr>
<tr>
<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</td>
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<td>The Mental Capacity Act 2005 and the Department of Health document Reference Guide to Consent for Treatment or Examination do not apply in NI, but work is under way to implement the Mental Capacity Act (Northern Ireland) 2016, which incorporates mental capacity and mental health provisions. The DoH guidance Reference Guide to Consent for Examination, Treatment or Care (2003), which is available on the DoH website, gives advice on determining whether a person has capacity and on what action may be taken where the person lacks capacity. Available from: <a href="https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care">https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care</a></td>
</tr>
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Where this guidance indicates that informed consent should be obtained and documented, the DoH guidance *Reference Guide to Consent for Examination, Treatment or Care (2003)*, gives advice on the law concerning consent to intervention. Available at: [https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care](https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care)

The Guideline refers to the *Care Programme Approach*. Care co-ordination and risk management should be interpreted within the Northern Ireland legal framework under the *Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability 2010*. Available at: [https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/mhld-good-practice-guidance-2010.pdf)

This guidance refers to the *Mental Health Act*. This should be interpreted within the Northern Ireland legal framework of the *Mental Health (Northern Ireland) Order 1986*. Available at: [http://www.legislation.gov.uk/nisi/1986/595](http://www.legislation.gov.uk/nisi/1986/595)


This guidance refers to The Department of Health guidance *Transition: getting it right for young people* which does not apply in Northern Ireland.

This guidance refers to some NICE Public Health Guidance which pre-dates the introduction of the DoH process for endorsing Public Health guidelines. All Public Health Guidance endorsed by DoH can be found at: [https://www.health-ni.gov.uk/articles/nice-public-health-guidance](https://www.health-ni.gov.uk/articles/nice-public-health-guidance)

It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.