**Diagnostic Criteria for Major Depressive Disorder and Depressive Episodes**

1. **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 (1) depressed mood or (2) loss of interest or pleasure.**

* Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad or empty) 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 account or observation made by others).
* Significant weight loss when not dieting or weight gain (e.g., a change of more than 5 percent of body weight in a month), or decrease or increase in appetite nearly every day. Note: In children, consider failure to make expected weight gains.
* Insomnia or hypersomnia nearly every day.
* Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).
* 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 (either by subjective account or as observed by others).
* 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.

1. **The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.**
2. **The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hypothyroidism).**

**Assessment Guidelines for Depression**

**Evaluate**

* Length and severity of depression
* Absence or presence of identifiable stressor
* Impact on functioning
* Need for specialized tx (due to comorbidity or co-occurring disorders, failed attempts with multiple medications)
* Request for therapy (needing to talk vs assessment/monitoring)
* Need for immediate intervention (suicidal ideation w/intent/plan, psychotic features, etc)

**Screen for conditions that may mimic or co exist with Major Depressive Disorder:**

* Substance abuse causing depressed mood (eg. drugs, alcohol, medications)
* Medical illness causing depressed mood
* Other psychiatric disorders: mania, hypomania, bipolar, schizoaffective, schizophrenia, etc.
* Bereavement unless persist for > two months or show marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms, or psychomotor retardation.

**In addition to the above DSM-5 criteria, children and adolescents may also have some of the following**

**symptoms:**

* Persistent sad or irritable mood
* Frequent vague, non-specific physical complaints
* Frequent absences from school or poor performance in school
* Being bored
* Alcohol or substance abuse
* Increased irritability, anger or hostility
* Reckless behavior

**Questions to include for a positive PHQ:**

* When did this start? (out of the blue or with a precipitating event?)
* Have you ever felt like this before? (onset for clinical depression is late teens early 20’s and is cyclic).
* Any HX of past psychiatric treatment (counseling, medication, inpatient?)
* If you have had treatment what worked?
* Rule out Bipolar disorders (assess sleep patterns)

**Impact on Level of Functioning**

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| **Functional Domain** | **Moderately Impaired** | **Severely Impaired** |
| **Family**  **Relationships** | **Quiet, negative and oppositional** | **Withdrawn, won’t talk, brusque, angry, aggressive** |
| **School &**  **Academics / Work** | **Grades/work performance deteriorating, missing/cutting class or work, decreased effort, moderate academic  or work stress** | **Failing performance, missing school or work, doesn’t care about work, oppositional, argumentative, high academic or work stress** |
| **Peer Relationships** | **Decreased socializing or extracurricular activities , more time on computer** | **Isolated, discontinued extracurricular activities, excessive computer time** |
| **Stress Level, Anxiety** | **Minimizes or denies issues, projects onto others or blames others** | **Withholds feelings, won’t talk** |
| **Suicidal Ideation** | **Vague/occasional** | **Frequently considered, has a plan, or prior attempt** |
| **Other Self Harm** | **Occasional thoughts but no attempts** | **Cutting, other self injury** |

When there are thoughts of self-harm (Answered with 1,2, or 3 on PHQ), utilize the Columbia Suicide Severity Rating Scale for further assessing the suicide risk of someone who indicates on a phq-2,3 or 9 that they could be at elevated risk for suicide. It is a recommended best practice, and more information can be found here: <http://cssrs.columbia.edu/the-columbia-scale-c-ssrs/about-the-scale/>

If the patient has a plan, means and appears to be in imminent danger, call 911.

If the situation is unclear and needs further assessment, call the local mobile crisis line.

• If a child, adolescent or adult is discharged from an inpatient hospitalization, s/he needs to be seen by an outpatient behavioral health clinician within 7 days of discharge.