

Child and adolescent depressive disorders

Priory offers a range of outpatient therapies to provide the best possible treatment for mental health conditions.

The information below provides you with the clinical specification of our child and adolescent depressive disorders treatment, along with information about outcome measures, ongoing care options and details of the therapy itself.

We strive to deliver innovative treatment plans which can be paid for on a session-by-session basis. The prices at our wellbeing centres are as follows:

- 1:1 therapy starts from £109 per session (£132 in London)
- Consultant psychiatrist assessments start from £300
- Consultant psychiatrist follow-ups start from £150
- Group therapy starts from £65 per session (£77 in London)

Priory also offers an outpatient package for child and adolescent depressive disorders, which provides a fixed price, includes a discount and provides you with certainty of cost for your initial treatment programme.

A simple GP referral process with 24/7 support

We have a simple process for GPs who would like to refer a patient, and our GP enquiry team can support you with any queries that you may have.

To make an online referral, visit [priorygroup.com/gp-referral](https://www.priorygroup.com/gp-referral)

The treatment that is offered across our wellbeing centre network varies. To discuss which Priory facility offers this specialism, please contact us today:

Call our 24/7 GP support line on 0800 090 1354

Email priory.referral@nhs.net

Fax 0844 770 6206

For more information visit [priorygroup.com/gp](https://www.priorygroup.com/gp)

Referrer guidance

- + About 5% of children and adolescents suffer from depression at any one given time. Depression is treatable, but without early diagnosis and treatment, it can lead to significant risks
- + Children and adolescents should be referred if they have mild depressive symptoms that have not improved after 2-3 months and immediately if they have moderate or severe symptoms or any risk of self-neglect
- + Suicidal thoughts or plans should lead to immediate referral and a referral should occur for any young person if they or their parent requests it

Goals of assessment and treatment

- + To clarify diagnosis and to establish risks and to rule out co-morbidity
- + To reduce the adverse effects on functioning and to help with risk management
- + To provide skills to understand their illness, including learning the early warning signs of relapse and skills to prevent relapse

Referral criteria

- + **Young children:**
Apathy, withdrawal from care givers, regression in developmental milestones and failure to thrive with no organic cause
- + **School age children with persistence in one or more of the below:**
 - Unexplained somatic complaints
 - Irritability, suicidal thoughts or self-harm
 - Loss of interest or pleasure
 - Weight loss/gain, poor sleep or loss of energy
 - Feelings of worthlessness or guilt
 - Poor concentration or persistent sadness

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| Evidence base: NICE or other guidance / references | <ul style="list-style-type: none"> + NICE Guidance: Health and Clinical Excellence, London) <ul style="list-style-type: none"> - Depression in children and young people: identification and management. Clinical Guideline (CG28) Sept 2005 - updated March 2015 |
| Team | <ul style="list-style-type: none"> + Assessment: <ul style="list-style-type: none"> - A comprehensive psychiatric history is taken by a consultant psychiatrist - If complex with co-morbidity, a psychologist may be engaged for further assessment and they may use specific assessment tools to assist in identifying symptoms + Relapse prevention: <ul style="list-style-type: none"> - A clear relapse prevention plan is formed with the therapist prior to discharge - The young person should be reviewed regularly for a one year period, starting after they have been well for eight weeks, as per NICE guidance. This will be by the psychiatrist if monitoring medication quarterly and by a therapist if not on medication |
| Time | <ul style="list-style-type: none"> + Diagnosis: <ul style="list-style-type: none"> - Full psychiatric history: 90 minutes including initial psychoeducation - A further 60-120 minute psychological assessment may be required in some complex cases + Treatment: <ul style="list-style-type: none"> - 30 minute psychiatric reviews of any medication prescribed on a bespoke basis - An initial six sessions of cognitive behavioural therapy (CBT) then, following a psychiatric review, a further six sessions may be required and/or six sessions of family therapy |
| Process of care | <ul style="list-style-type: none"> + Comprehensive diagnostic assessment + Forming of a therapeutic alliance, psychoeducation and involvement of young person and carers in choosing treatment options + Psychological therapy and or/medication management (bespoke packages of care are formed depending on individual and family need and risks of the young person) |
| Outcome measure | <ul style="list-style-type: none"> + Individual patient satisfaction questionnaires + HoNOSCA and CGAS + Bespoke measures might be used by individual psychologists, such as the Becks Depression Inventory |
| Options for ongoing care | <ul style="list-style-type: none"> + Further outpatient care + Multi-agency meetings e.g. with school + Discharge to GP + Discharge to CAMHS + Signpost to voluntary sector organisations |

Priory offers an extensive number of evidence-based therapy treatments for a range of conditions.

Because every individual is unique we have a bespoke approach to helping people through their most difficult times, offering mental health assessments, individual, group and family therapies. Not all of these interventions will be appropriate or necessary for all people and collaborative tailored treatment options will be explored with referrals at the first assessment.

First, we assess and understand the particular needs of a person and then recommend an appropriate course of treatment that is underpinned by clinical specifications based on the latest research and guidance.