From the Deputy Chief Medical Officer
Dr Paddy Woods

Circular HSC (SQSD) (NICE NG134) 27/19

Subject: NICE Clinical Guideline NG134 – Depression in children and young people: identification and management (updates and replaces CG28)

For action by:
Chief Executive of HSC Board – for distribution to:
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – for cascade to:
Head of Pharmacy and Medicines Management
Family Practitioner Services Leads – for cascade to relevant Family Practitioner groups

Chief Executive of Public Health Agency – for distribution to:
Director of Public Health and Medical Director – for cascade to relevant staff
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – for distribution to:
Medical Directors – for cascade to relevant staff
Directors of Nursing – for cascade to relevant staff
Heads of Pharmaceutical Services – for cascade to relevant staff
Directors of Acute Services – for cascade to relevant staff
HSC Clinical and Social Governance Leads
Directors of Social Services – for cascade to relevant staff
Directors of Finance – for cascade to relevant staff
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers' Forum

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

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
Quality Regulation and Improvement Unit
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BT4 3SQ

SGU-NICEGuidance@health-ni.gov.uk

Circular Reference: HSC (SQSD) (NICE NG134) 27/19

Date of Issue: 19 August 2019

Related documents:
HSC (SQSD) 3/13

Superseded documents
HSC (SQSD) (NICE CG28) 39/17

Status of Contents:
Action

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

Additional copies:

Working for a Healthier People
Dear Colleagues

NICE Clinical Guideline NG134 - Depression in children and young people:
identification and management (updates and replaces CG28) -
https://www.nice.org.uk/guidance/ng134

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

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)

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

<table>
<thead>
<tr>
<th>Reference Number</th>
<th>NICE Clinical Guideline – NG134 <a href="https://www.nice.org.uk/guidance/ng134">https://www.nice.org.uk/guidance/ng134</a></th>
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<tbody>
<tr>
<td>Title</td>
<td>Depression in children and young people: identification and management</td>
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</tbody>
</table>
| Summary of guidance | This guideline updates and replaces NICE Clinical Guideline CG28 - Depression in children and young people: identification and management (endorsed by DoH in December 2017). The guideline covers identifying and managing depression in children and young people aged 5 to 18 years. Based on the stepped-care model, it aims to improve recognition and assessment and promote effective treatments for mild and moderate to severe depression. It includes new and updated recommendations on:  
• psychological therapies for mild depression  
• psychological therapies for moderate to severe depression  
These supplement the existing recommendations on:  
• care for all children and young people with depression  
• stepped care  
• detection, risk profiling and referral  
• recognition  
• transfer to adult services |
| Related strategically relevant DoH/ HSC policies | None |
| Inter-Departmental interest | None |
| Legislative / policy caveats | 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. |
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)

The *Mental Capacity Act 2005* and the Department of Health document *Reference Guide to Consent for Treatment or Examination* do not apply in N.I, 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: [https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care](https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care)

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 makes reference to NICE Social Care guidance which has not been endorsed by the Department.