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The treatment of depression in children and young people

Understanding NICE guidance –
information for children and young
people with depression, their families
and carers, and the public



Ordering information

You can download the following documents from www.nice.org.uk/CG028

- This booklet.
- The NICE guideline – all the recommendations on depression in children and young people.
- A quick reference guide, which has been distributed to healthcare professionals working in the NHS in England.
- The full guideline – all the recommendations, details of how they were developed, and summaries of the evidence on which they were based.

For printed copies of the quick reference guide or information for the public, phone the NHS Response Line on 0870 1555 455 and quote:

- N0910 (quick reference guide)
- N0911 (information for the public).

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About this information

This information describes the recommendations that the National Institute for Health and Clinical Excellence (called NICE for short) have made to the National Health Service (NHS) on depression in children (aged 5–11) and young people (aged 12–18). It is based on a longer document (a guideline) written for doctors and medical staff: 'Depression in children and young people: identification and management in primary, community and secondary care' (NICE Clinical Guideline No. 28).

What is a NICE guideline?

Guidelines are about getting better medical care and treatment from the health service. The guideline on depression in children and young people was put together by groups of doctors, medical staff, scientists and people who care for children and young people with depression. All of these people looked at scientific studies about depression in children and young people and the best way of treating people. They then made recommendations for how children and young people with depression could be best cared for and treated.

In general, the guideline looks at the following things:

- the care you can expect to get from your doctor, nurse or counsellor
- the information you can expect to be given
- what you can expect from treatment
- the kinds of services that can help young people and children with depression, including your family doctor (general practitioner or GP), health staff at your school, and specialists in clinics or hospitals.

Who is this information for?

This booklet is aimed at young people (aged 12–18) with depression, but it can also help parents, friends and guardians understand the treatments you and younger children (aged 5–11) can expect to receive. There is a section for parents immediately below, and at the end of the booklet, which includes a section on treatments for younger children (aged 5–11).

Information for parents

The information below describes what your child can expect from the NHS when he or she has depression. The information is written with your child in mind, and it describes the recommendations that NICE has made on the treatment of depression in children (aged 5–11 years) and young people (aged 12–18 years). It will be most helpful if you can read this booklet because it may help you explain things to your child if they need you to help them understand what the NICE guideline says. There is also a section on the specific treatment of younger children (aged 5–11) in the section 'Information for parents' on page 24.

You should also look at page 25 in this booklet for further information on the support that you as a parent can expect to receive.

How guidelines are used in the NHS

In general, doctors, nurses and other staff working in the NHS are expected to follow NICE's clinical guidelines. But there will be times when the treatments suggested won't be suitable for someone because of another medical problem, their general health, their wishes, or a combination of these. If you think that the treatment or care you receive does not match the treatment or care described on the pages that follow, you should talk to your doctor, nurse or other healthcare professional involved in your treatment.

You have the right to be given information about depression and its treatment and to share in making decisions about your healthcare. The care you receive should take account of your individual needs.

Throughout this booklet the doctors, counsellors and others you might see about your depression are called 'healthcare professionals'.

Information for young people

What is depression?

When a person has depression they feel very sad or down, and the feelings don't go away or get worse. Depression is different from feeling a bit sad or down for a day or two, which is how everyone feels from time to time. A person may be depressed because they are very worried or stressed about something, or the feelings might just come out of the blue.

As well as making a person feel sad, depression can make other problems worse: because they feel depressed, people may not feel like doing the things they usually enjoy or they may not feel like doing anything. This can affect a person's mood, so they often also feel:

- worried
- tearful
- moody
- bored
- tired most of the time.

A young person with depression may also:

- find it difficult to concentrate
- not want to see family and friends
- have aches and pains
- eat less or more than usual
- have problems sleeping
- injure or hurt themselves
- feel as if life is not worth living.

The type and number of feelings listed above that a young person has will help the healthcare professional decide whether they have mild depression or a more severe depression and what treatment would suit them.

You might find it hard to tell if you have depression. But if you have some of the feelings or problems listed on page 7 it is important that you talk to a member of your family (or the person who cares for you) or a friend. If you find this difficult, a healthcare professional or teacher should be able to help you.

Why do I feel this way?

Although depression can sometimes appear to come out of the blue, there are also lots of reasons why people become depressed. Here are some examples.

- Being homeless
- Being hurt at home
- Being treated differently because of your race
- Bullying
- Death of a parent, relative or someone close to you
- Having other illnesses
- Moving away from your home country
- Other members of your family being depressed
- Parents splitting up
- School problems
- Trouble at home
- Friendships going wrong.

The more difficulties like these that a person has the more likely it is that they could become depressed.

What should I do if I think I have depression?

It is best to talk to your parents and friends first if you can, or you can talk to a teacher at school, your family doctor, or another adult you can trust.

It may be that something has happened to you recently that has made you feel sad, anxious or stressed (such as the death of a friend or a member of your family, the divorce of your parents or having to change schools and losing friends). Although your parents and friends can help, teachers and healthcare professionals should also offer you further help and the chance to talk.

You may find that the feelings go away after a while, in which case you may not need help other than talking to a teacher or a healthcare professional. However, if the feelings do not go away you should be offered more help and treatment if you need it. (The treatments are described on pages 13–18.)

You can receive some treatments from your family doctor, or a school nurse, but if you need further treatment you can see someone (usually at a clinic or a hospital) who is specially trained to help people of your age group with depression. This might be a doctor who specialises in mental health problems (a psychiatrist) or healthcare professionals who can help you by talking with you about your feelings (a counsellor or a psychologist).

What should I expect from healthcare professionals?

Good information in a language you can understand

If you see a healthcare professional about your feelings you should get good information about depression and the treatments and care you should be offered. Any information given to you should be easy to read and should be suited to your needs. You should be given the chance to discuss the information with the healthcare professional and to ask questions if anything is not clear.

If English is not your first language, and you don't speak or read it very well, you should be able to have written information or audiotapes in your main language. In some cases you might be able to see a healthcare professional who speaks your language. But if this is not possible another person who speaks your language (an interpreter) should be available to explain to you what the healthcare professional is saying and help you to explain how you are feeling and what your problems are.

A good relationship with your healthcare professional

Any healthcare professional you see about your depression should build up a good relationship with you and your family (or the people who care for you) so that you all feel comfortable with him or her.

Healthcare professionals should be sensitive to your ethnic and cultural background.

Advice about what you can do to help yourself

There are things that you can do for yourself, which a healthcare professional may help you with. These include the following.

- **Regular exercise** You can do this on your own, or your healthcare professional may suggest an exercise programme for you (for instance doing an hour of exercise three times a week for 3 months).
- **Having a balanced diet** Your healthcare professional should talk to you about what foods are good for you and how to make sure you are getting the right variety in your diet.
- **Coping with sleep problems and anxious feelings** If you are anxious and worried or you have trouble sleeping, tell your healthcare professional so that they can help you with this.

It can help if you are able to do some of the things listed above while you are having the treatment described in the rest of this booklet.

Healthcare professionals should also ask you if you have done any other things on your own or with your family that have helped you with your feelings (such as calling a helpline, reading a leaflet, looking on the internet, or going to a support group). Your healthcare professional may give you advice about whether these things are likely to help in the long run.

What should happen when I first see a healthcare professional?

When you first see someone about your feelings, they will want to know about:

- how you feel
- any other illnesses you may have
- life at home and at school
- how you get along with your parents, other members of your family, friends and people at school.

They should ask you and your family if you have problems with drugs or alcohol, if you are being bullied or abused, if you are harming yourself, and if you have had thoughts about suicide. The healthcare professional will usually want to see you with your family but you should be given the chance to talk about your feelings and other things in private if you wish.

Depending on the person you see about your depression, you may be given a list of questions on paper to fill in; the questions are about your mood and how you feel.

If you have recently harmed yourself, your healthcare professional should follow the NICE guideline on self-harm. There is a booklet on this for adults, children and young people, details of which are on page 30.

For many young people, their depression improves just with support and help from adults. Depending on how you are feeling, the healthcare professional may decide that no treatment is needed immediately, and arrange an appointment to see how you are in a few weeks. If you miss your appointment someone should contact you to check how you are.

If I have other problems can I also get help for these?

If you have other problems as well as depression, such as worries about your health or problems at school, you can also get help for these other problems. Tell the adults helping you about these problems, or write them down if you don't want to talk about them straight away.

Can I choose what treatments I get?

Yes, you can usually choose what treatments you get. But this does depend on your age and whether or not you fully understand all the information that your healthcare professional should give you about the treatments.

Once your healthcare professional has discussed the treatments with you, and you understand about what might be good for you and what might not be good for you, you might like to tell the healthcare professional which treatment you would prefer. If there are possible treatments that you do not want you must say so.

Your parents or guardians may also need to agree to your treatment if you are too young or if you have not fully understood the information about treatments. Sometimes parents and healthcare professionals will think that you need a treatment you don't particularly want and may go against your decision.

What kind of treatments should I be offered if I need them?

You should be offered the chance to talk to someone about your feelings and problems. This is called psychological treatment or therapy (you may hear it called 'counselling'). Once you are depressed it can be hard to sort out the problems that may have made you depressed. By talking to a therapist, the therapist can help you to understand how you feel and help you sort out any problems and difficulties. If you agree, they may sometimes work with your parents (or the people who care for you) and your school to help you.

You may be asked to read a book to help you with your feelings and follow some of the suggestions in the book (this is called self-help).

Medicines used for treating depression (called antidepressants) are often used for adults, but should be offered to children and young people only rarely, and usually only in addition to any psychological therapy they are already having.

If you have mild depression you should not be offered antidepressants straight away because your depression may get better by itself or by talking to a healthcare professional.

Will my family be involved in my treatment?

You might have some therapies on your own, but some may include your family as well. It is usually helpful for most young people if their parents and other members of the family are involved in their treatment, but this will depend on how things are at home.

What treatments are best for me?

Psychological therapies

If you have mild depression you should first be offered the following psychological therapies:

- non-directive supportive therapy
- group cognitive behavioural therapy (CBT)
- guided self-help.

You can find explanations of these treatments on pages 27–28.

If the therapy works it should last for 2–3 months. If the therapy has not helped you enough your healthcare professional should suggest that you see another healthcare professional who may offer you a different therapy (listed below).

If you have a more severe type of depression you should first be offered the following psychological therapies:

- individual cognitive behavioural therapy (CBT)
- interpersonal therapy
- family therapy.

You can find explanations of these treatments on pages 27–28.

If the therapy works it should last for at least 3 months. Healthcare professionals should check to see that the therapy is helping you after about four to six sessions. If it has not helped, you may be offered a different therapy, or you may be offered medication (see page 15).

Medication

Young people aged 12–18

If you have a severe kind of depression you may be offered an antidepressant, but this should only be in addition to psychological therapy. If you are offered an antidepressant it should be one called fluoxetine.¹ (You may be offered other types of antidepressants later if fluoxetine does not help you – see page 17.) Before you start an antidepressant, your healthcare professional will arrange for you to see a doctor who specialises in mental health problems in young people (called a child and adolescent psychiatrist).

Children aged 5–11

Healthcare professionals are not sure whether antidepressants can help children in this age group, so they should only consider antidepressants for such young children in very rare circumstances.

Important information about medication

If you are offered an antidepressant, your healthcare professional should tell you:

- why you have been offered an antidepressant
- that the antidepressant may take some time to work
- how long the treatment should take
- about any possible unpleasant symptoms (called side effects) that the antidepressant may cause (including that you might feel worse when you first start taking the medication)
- that you must follow the instructions about how to take the antidepressants.

¹ Fluoxetine does not have a UK Marketing Authorisation for use in children and adolescents under the age of 18 at the date of publication (September 2005). Doctors can legally prescribe unlicensed medicines where there are no suitable alternatives and where the use is justified by a responsible body of professional opinion (Royal College of Paediatrics and Child Health, 2000; see also the NICE version of this guideline).

You should also be given written information about the medication you are taking. This should include the latest rules that healthcare professionals should follow about the safety of antidepressants in children and young people.

Your healthcare professional should ask you about any other medication you might be taking before you start an antidepressant (this includes St John's wort; see page 19). Your healthcare professional should also ask you if you are taking any other drugs or alcohol.

If you start taking an antidepressant your healthcare professional should arrange to see you regularly (for example, once a week for the first 4 weeks). This is so that they can check whether you are having serious side effects (for example, if you are having thoughts about suicide, have harmed yourself, or are feeling very angry). You should be told to contact the healthcare professional who gave you the medication straight away if you start to have any of these feelings.

You may be asked to answer a list of questions about your mood and feelings when you start taking an antidepressant.

If fluoxetine has helped you to feel better, your healthcare professional should make sure that you carry on taking the medication for at least 6 months after you have recovered. This can help you to stay well in the future.

Remember that it is much better if you also have psychological therapy while you are taking medication.

What happens if both therapy and medication have not helped me to feel better?

If psychological therapy together with fluoxetine has not helped after 6 weeks, or you have decided not to take fluoxetine, your healthcare professional should look again at your treatment in much more detail and ask you a lot more about your life at home and at school.

Healthcare professionals may offer you the following psychological therapies.

- A different psychological therapy that you have not tried before, such as individual cognitive behavioural therapy, interpersonal therapy or family therapy. (This treatment should last for at least 3 months.)
- Systemic family therapy. (This treatment should take place every 2 weeks for at least 30 weeks.)
- Individual child psychotherapy. (This treatment should take place every week for 30 weeks.)

You can find explanations of these treatments on pages 27–28.

If you do not feel better while taking fluoxetine, or you have side effects while taking it, your healthcare professional should think about offering you a different antidepressant (sertraline or citalopram),² but this should only happen in rare circumstances (for example, if you are very depressed or having thoughts about suicide, or have lost a lot of weight).

² Sertraline and citalopram do not have a UK Marketing Authorisation for use in depression in children and adolescents under the age of 18 years at the date of publication (September 2005). Doctors can legally prescribe unlicensed medicines where there are no suitable alternatives and where the use is justified by a responsible body of professional opinion (Royal College of Paediatrics and Child Health, 2000; see also the NICE version of this guideline).

If you are offered sertraline or citalopram your healthcare professional and you and your family (or those who care for you) should talk about the good and bad sides of taking this medication. If you agree to this treatment, both you and your parents (or the person who cares for you) will need to sign a form to say so. (If you are over 16, only your signature is usually needed.)

If sertraline or citalopram helps you to feel better, your healthcare professional should make sure that you carry on taking the medication for at least 6 months after you have recovered. This can help you to stay well in the future.

Very rarely, people can get a kind of depression where they hear (and sometimes see) things that are not really there (called hallucinations) or believe things that are not real or true (called delusions). This is called psychotic depression and there are medicines called atypical antipsychotics³ that can help with this in addition to other treatment. If you start taking an atypical antipsychotic your healthcare professional should ask you regularly if you are having any unpleasant reactions to the medication.

If your depression is very severe and you are thinking about suicide or have attempted suicide, and you have tried the treatments above but they have not helped you, your healthcare professional may think about offering you a treatment called electroconvulsive therapy (ECT). ECT is always given in hospital (see 'Will I need to stay in hospital?', page 19) and involves passing a small electric current through the brain. If you are offered ECT you should be fully assessed by a healthcare professional who is expert in the treatment.

ECT is used very rarely in young people with depression, and should not be used in children aged 5–11.

³ There are no atypical antipsychotic drugs with a current UK Marketing Authorisation for depression in children at the date of publication (September 2005). Doctors can legally prescribe unlicensed medicines where there are no suitable alternatives and where the use is justified by a responsible body of professional opinion (Royal College of Paediatrics and Child Health, 2000; see also the NICE version of this guideline).

Are there any treatments that should not be offered to me?

The following medicines should **not** be offered to you because healthcare professionals are not sure that they work very well and some may make you feel very bad:

- the antidepressants called paroxetine and venlafaxine
- a group of antidepressants called tricyclics
- St John's wort (which may be a natural alternative to antidepressants for adults). If you are already taking St John's wort, your healthcare professional should tell you of the problems with taking it and advise you to stop taking it.

Will I need to stay in hospital?

Most children and young people do not have to stay in hospital if they have depression. But if you need special care that you cannot get anywhere else, or your healthcare professional is concerned that you may harm yourself, a stay in hospital might be the best way for you to have treatment.

This will only happen if your healthcare professional thinks that it will help you more than staying at home and they should talk it through with you and your parent(s) or carer(s) beforehand.

If you go into hospital it should be one close to where you live so that your family can visit you easily.

After I have got better, should my healthcare professional still check up on how I am?

Yes. Once you are better your healthcare professional should check up on you for a year after you finish treatment.

If your healthcare professional thinks your depression may come back you may be offered some further psychological therapy.

Your healthcare professional should also explain to you how to tell if you are getting depressed again and about the things that may make you depressed so that you can get help quickly if you think your depression is coming back.

What happens if my depression comes back?

Lots of people get better after having treatment for depression, and sometimes depression gets better without any treatment. But sometimes depression can come back. If this happens you should be seen by a healthcare professional without any delay.

Once you are better again, your healthcare professional should check to see how you are feeling for the next 2 years.

What happens when I reach the age of 18?

If this is the first time you have had depression and you are getting better, you should usually continue to receive any care you may need from healthcare professionals who specialise in the care of children and young people even when you turn 18.

However, you may need help and treatment from another group of healthcare professionals who treat adults if:

- this is the first time you have had depression and you are not getting better, or
- you are getting better but you have had depression two or more times.

If this is the case, your healthcare professional should make sure that you receive all the help and support you need after you turn 18.

You should be given information about how depression is treated in adults (see page 31), about where you can get help, and about support groups.

Questions you may like to ask healthcare professionals

Many people can feel anxious when talking to a healthcare professional, and although they should try to explain things clearly to you, you may need something explaining to you again or in more detail. In the list below are examples of questions you could ask. It might be helpful to take this booklet with you when you go to see someone about your depression.

Questions you may like to ask about depression

- What is depression?
- What makes you think I have depression?
- How will depression affect my health or schoolwork?
- Can you give me advice on how to help other people understand what it is like to have depression?

Questions you may like to ask about treatment

- What treatment will I need?
- How long will I need treatment for?
- Do you think I will have any problems with this treatment? If so, what should I do if this happens?
- Can you provide information about the treatment for me and my family?
- Can I make my own decisions about treatment?

Questions you may like to ask about psychological therapy

- Can you tell me in more detail what the treatment will involve?
- Can you tell me why you have offered me this type of treatment?
- What will happen if I decide not to have psychological treatment?

Questions you may like to ask if you have been offered antidepressant medication in addition to psychological therapy

- How will the medication help me?
- How often will you see me while I am taking this medication?
- How long will it take before I start to feel better?
- How long will I have to take antidepressant medication?
- Will it be easy to stop taking antidepressant medication?
- What will happen if I decide not to have medication?

Your healthcare professional should tell you about any unpleasant symptoms (side effects) associated with antidepressants, which can sometimes make you feel ill when you first start taking them or when you stop taking them. If you are unsure, you might consider asking the following questions.

- Will this medication make me feel ill?
- What should I do if I feel ill while taking this medication?
- How long might I feel ill?
- Is there a leaflet or other written information about the medication that I can have?

Questions you may like to ask if you do not feel better after treatment

- I thought I would feel better by now. How am I getting on?
- Do I need to have a different kind of treatment?
- Are there any other things that could help me?

Information for parents

Is treatment and care any different for younger children (aged 5–11)?

For young children with mild depression, the recommended treatments are very similar to those offered to older children and involve psychological therapies and self-help (see page 14).

For young children with more severe depression, the recommended psychological therapies are also very similar to those offered to older children (see page 14). Older children with more severe depression may also be offered antidepressant treatment, usually in addition to psychological therapy. However, there has been very little research on how well antidepressant medication works in young children. The NICE guideline therefore recommends that antidepressants are prescribed for children in this age group only with great caution. If a healthcare professional thinks that a young child could benefit from treatment with an antidepressant, they will carefully monitor the child. You can find more information about antidepressants on pages 15–18.

For young people (aged 12–18) with very severe depression who have had thoughts about suicide or have attempted suicide, healthcare professionals may consider a treatment called electroconvulsive therapy (ECT). This would only be in very rare circumstances and where all the other recommended treatments have not helped (see page 18). ECT is not, however, recommended for children (aged 5–11) with depression.

Healthcare professionals should discuss all the treatment options with your child, and give him or her enough information to be able to make a decision about which treatments he or she would prefer or would rather not have. However, the right to make this decision does depend on the age of your child and on his or her ability to fully understand the information and the risks and benefits of the treatments offered. Therefore parents or carers may also need to give their consent to their child's treatment. If you need more information on consent you could look at the following booklets available from the Department of Health:

- *Consent: a guide for children and young people*
- *Consent – what you have the right to expect: a guide for parents* (Department of Health, 2001; both available from www.dh.gov.uk).

How can I support my child?

Having a child with depression is difficult for parents and other family members. As the involvement of parents in the treatment of their child is known to be helpful for the child and the family, parents and other family members are encouraged to be involved. This might include attending family therapy sessions and helping your child with self-help exercises or tasks.

You should be given full and clear information about depression and about all the treatments that are offered to your child.

How do I find support for myself?

If you need further help, healthcare professionals should offer you information about self-help groups and support groups. You can find information about the important role of carers at the website www.carers.gov.uk

If you also have depression

When a healthcare professional sees your child for the first time they may also want to talk to you about whether you also have depression or other mental health problems. Treatment for your own depression or other problem will help you cope with your feelings, but evidence has shown that this will also help your child to get the best out of **their** treatment.

If you start treatment for depression or another problem, it may help your child if this takes place at the same time as your child's treatment.

Definitions of psychological treatments

- **Family therapy (and systemic family therapy)** This involves seeing a healthcare professional with your whole family if possible and talking about your feelings and any problems you may be having. You and your family may be offered help with dealing with and solving problems, and you may spend some time with the healthcare professional on your own as well.
- **Group cognitive behavioural therapy (CBT)** This involves being in a group of other people of your age and looking at how your problems, feelings, thoughts and behaviour all fit together. You will be encouraged to write down your feelings and thoughts. CBT can help you to change behaviour that may have developed since you became depressed.
- **Guided self-help** This involves working with a healthcare professional through exercises and activities that can help you with your feelings and problems.
- **Individual child psychotherapy** This involves working with a healthcare professional to look at the way in which difficult things that happened to you when you were younger are affecting your thoughts and the way you behave now. You will be asked to talk about your feelings. Younger children may be asked to express themselves through playing or drawing.
- **Individual cognitive behavioural therapy (CBT)** This involves just you and a healthcare professional looking at how your problems, feelings, thoughts and behaviour all fit together. You will be encouraged to write down your feelings and thoughts. CBT can help you to change behaviour that may have developed since you became depressed.

- **Interpersonal therapy** This involves talking to a healthcare professional about any current problems you may have with the way you get on with your family, friends and other people at school. The treatment involves looking at the way these problems may be connected to your depression. The healthcare professional will show you ways to help you cope with or solve any problems you may have.
- **Non-directive supportive therapy** This involves seeing a healthcare professional who will offer you support and help you to think about how you can work through any problems you may have.

Where you can find more information

If you need further information about any aspects of depression in children and young people or about the care that you are receiving, please ask your healthcare professional. You can discuss the NICE guideline on depression in children and young people with them, especially if you aren't sure about something in this booklet.

If you want to read the other versions of this guideline

There are four versions of this guideline:

- this one
- the full guideline, which contains all the recommendations on depression in children and young people, details of how they were developed, and summaries of the evidence on which they were based
- a version called the NICE guideline, which lists all the recommendations on depression in children and young people
- the quick reference guide, which is a summary of the main recommendations in the NICE guideline for healthcare professionals.

All versions of the guideline are available from the NICE website (www.nice.org.uk/CG028). Printed copies of this booklet and the quick reference guide are also available. Phone the NHS Response Line on 0870 1555 455 and quote N0911 (information for the public) or N0910 (quick reference guide).

If you want more information about depression in children and young people

NHS Direct may be a good starting point for finding out about depression in children and young people. You can call NHS Direct on 0845 46 47 or visit the website (www.nhsdirect.nhs.uk).

There may be support groups for children and young people with depression in your area. Your healthcare professional should be able to give you more details. Information about local groups may also be available from NHS Direct or your local library or Citizens Advice Bureau.

If you want to know more about NICE

There is more about NICE and the way that the NICE guidelines are developed on the NICE website (www.nice.org.uk). At the NICE website you can also find information for the public about other guidance that may be relevant for children and young people with depression.

- *Eating disorders: anorexia nervosa, bulimia nervosa and related eating disorders. Understanding NICE guidance: a guide for people with eating disorders, their advocates and carers, and the public.* NICE Clinical Guideline No. 9 (2004). Available from www.nice.org.uk/CG009publicinfo
- *Self-harm: short-term treatment and management. Understanding NICE guidance – information for people who self-harm, their advocates and carers, and the public (including information for young people under 16 years).* NICE Clinical Guideline No. 16 (2004). Available from www.nice.org.uk/CG016publicinfo
- *Management of panic disorder and generalised anxiety disorder in adults. Understanding NICE guidance – information for people with panic disorder or generalised anxiety disorder, their families and carers, and the public.* NICE Clinical Guideline No. 22 (2004). Available from www.nice.org.uk/CG022publicinfo

- *The treatment of depression in adults. Understanding NICE guidance – information for people with depression, their advocates and carers, and the public.* NICE Clinical Guideline No. 23 (2004). Available from www.nice.org/CG023publicinfo
- *Post-traumatic stress disorder (PTSD): the treatment of PTSD in adults and children. Understanding NICE guidance – information for people with PTSD, their advocates and carers, and the public.* NICE Clinical Guideline No. 26 (2005). Available from www.nice.org/CG026publicinfo
- *Guidance on the use of computerised cognitive behavioural therapy for anxiety and depression – information for patients.* NICE Technology Appraisal No. 51 (2002 – note that at the time of publication, NICE is reviewing this Appraisal). Available from www.nice.org.uk/TA051publicinfo
- *The use of electroconvulsive therapy. Understanding NICE guidance – information for service users, their advocates and carers, and the public.* NICE Technology Appraisal No. 59 (2003). Available from www.nice.org.uk/TA059publicinfo

Printed copies can also be ordered from the NHS Response Line on 0870 1555 455 by quoting the following reference numbers: N0407 (eating disorders), N0626 (self-harm), N0764 (anxiety), N0767 (depression), N0849 (PTSD), N0158 (computerised cognitive behavioural therapy) and N0207 (electroconvulsive therapy).

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