Depression

Understanding Treatment Options

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building the mental wellbeing of the next generation

What is depression?

Everyone will feel sad and experience loneliness or boredom from time to time, especially if something upsetting has happened. These experiences are normal and learning how to cope with them is a necessary part of life. However if the feeling of sadness goes on for a long time and it starts to affect your everyday life, then you should talk to an adult you trust about getting some support with your mental health.

Depression can affect your feelings, thoughts and behaviour and can have physical effects. Symptoms of depression will be slightly different for everyone but can include:

Feelings

- feeling sad or unhappy
- feeling more irritable or more easily upset than usual
- finding it hard to enjoy things
- feeling bored a lot of the time
- feeling anxious or 'on-edge'
- finding it difficult to relax
- finding that your mood is very low in the morning and improves as the day goes on

Thoughts

- feeling that your thinking is slower than usual
- finding it harder to stay focused on things (which might make school or college work more difficult)
- losing confidence in yourself
- feeling worthless, that you aren't good enough or that you can't do anything right
- feeling that life isn't worth living
- thinking about ending your life or harming yourself
- hearing voices, experiencing hallucinations or having strange thoughts (these symptoms are much less common. If you are experiencing them, it might be a sign of psychosis)

Physical effects

- changes in your appetite (you might not feel like eating or might find that you are eating more than usual)
- finding it harder to go to sleep and stay asleep or finding yourself sleeping more than usual
- feeling that you have no energy or feeling tired a lot of the time

- having headaches or stomach aches which aren't being caused by a physical illness.

Behaviours

- feeling more irritable or that you are having more arguments with family or friends
- feeling less interested in things and less motivated to do things such as seeing your friends, doing schoolwork or other things you would usually enjoy.

There are lots of symptoms of depression and people won't usually experience all of them. People can also experience the same symptoms differently depending on how severe they are and how much of the time the symptoms are present. Guidelines based on research and clinical experience help professionals to know when a child or young person is experiencing problems that are more than everyday sadness. If someone is experiencing depression then they are likely to need treatment to help them feel better.

You don't need to be sure that what you are feeling is depression to ask for help. If you feel that any of the symptoms listed here are affecting how you live your day-to-day life, then it's a good idea to talk to an adult that you trust. That could be at home or at school, or you could talk with a health professional (such as your GP).

How can I get help?

Your GP will be able to give you advice about whether you might benefit from support from a mental health professional. They will also be able to help put you in touch with this support if you need it. Depending on where you live, your school or college might be able to refer you to a mental health professional and in some areas you or your parents or carers might be able to contact a mental health service directly.

Which professional you see will depend on what kind of help would suit you best.

- In some areas there are mental health teams or counsellors who work in schools/colleges and you might be referred to one of these services.
- You might also be referred to NHS Child and Adolescent Mental Health Services (CAMHS). These services are usually offered in a clinic, although you might be able to have sessions at home, school or somewhere else if you would prefer.

Planning treatment

What is an assessment?

When you first meet with a mental health professional they will talk with you to help understand:

- whether what you are experiencing is depression
- how your symptoms are affecting you
- whether there are any risks your professional should be aware of (e.g. self-harm)
- whether you might have any other mental or physical health conditions
- whether you have any family history of mental or physical health conditions.

This is an assessment and will also include talking about anything which might be causing your depression, for example whether something stressful or upsetting has happened.

There are different treatments for depression so the assessment will help your professional to think about which treatment might be right for you. After the assessment your professional should explain which treatments they would recommend and explain why those treatments might work best for you. They should also explain what the treatments involve and give you information about any other treatment options.

Who decides what kind of treatment I have?

If you are over 16 then usually you will make decisions about your treatment, for example which option you prefer if there are a choice of treatments. You don't have to make these decisions on your own though, many young people aged over 16 decide that they would like support from their parents or carers when making decisions about treatment.

Some young people under the age of 16 will also be able to make treatment decisions on their own, but if that's not possible then your parents or carers will be asked to make decisions about your treatment. However, even if your parents or carers make the decisions about your treatment, your mental health professional should still listen to your thoughts and preferences about the treatment options.

How do mental health professionals decide what kinds of treatment might help me?

Your professional will think about a range of things which might be contributing to your depression and suggest treatment options which address these. They could include:

- **Biological factors**: for example if a physical illness or medication might be linked to your depression.
- **Social factors**: for example if you need support with learning or you are experiencing bullying or problems at home. These could be contributing to your depression or make recovery more difficult, so your professional should try to find ways to address these difficulties.
- **Psychological factors**: depression can cause changes in how you think which in turn can make you feel depressed. Your relationships with family members could also be negatively affected by symptoms of depression (such as irritability or social withdrawal) which could make recovery more difficult. Psychological therapies for depression involve talking about problems in your life with a mental health professional. Your professional will help you to understand these problems better, think about how to improve things and find different ways of coping. Psychological therapies are also called talking therapies and could include you and your family, just you talking to a professional, or you in a group of other young people with similar difficulties.

As well as thinking about all these factors, the treatment options your professional suggests will also depend on how severe your depression is (this is based on your symptoms and how they are affecting your life). National guidelines on how to treat depression recommend that treatment options are offered in a certain order and describe when you might be offered more than one treatment option at the same time. Your professional will be able to explain how this might work for you.

Watchful waiting for mild depression

For about 10% of children and young people mild depression will improve without any treatment, so your professional might suggest ‘watchful waiting’ before starting treatment. Also, if your depression is linked to something difficult in your life (e.g. bullying) or biological factors (e.g. a side-effect of medication) then your professional might recommend addressing these and waiting to see if your depression improves. Your professional should keep in touch with you during this ‘watchful waiting’ time to see if your symptoms improve.

If your depression doesn’t improve after 2 weeks then your professional should carry out a review (this is sometimes called a reassessment) and plan to start

treatment. If after these two weeks the severity of your depression has changed from mild to moderate, then your professional will suggest treatment options for moderate depression.

Are there any things I can do which might help?

There are a few things which many people find helpful. These won't replace treatment for depression, but can be useful things to keep in mind:

- **Try to keep eating well** - this isn't a specific treatment for depression but having a healthy diet can improve your physical and mental health. This is particularly important if depression has affected your appetite.
- **Try to get enough exercise** - especially if you are doing less physical activity than usual.
- **Try to get enough sleep** - treatment for depression should help your sleep but sleep problems are common for people who are experiencing depression. If you are having problems with sleep then you should ask your mental health professional about extra things which could help. Usually, finding a good routine and healthy sleep habits can make a big difference.
- **Try to limit any use of drugs or alcohol** – talk to your professional about whether drugs or alcohol might be contributing to your depression. There is strong evidence that alcohol and drugs such as cannabis can have a negative effect on mood.

What about my parents or carers?

If you are over 16 then you can choose whether and how you want your parents or carers to be involved in your care. If you are younger than 16 then your professional will think about whether you are able to make these decisions on your own. For children and young people aged under 16 parents or carers would usually be involved in your care unless there's a clear reason why this would be unhelpful.

Usually, involving parents and carers is helpful and often parents and carers might be worried and want to know what they can do to support you. Your parents or carers might have noticed changes in you (including some that you might not have noticed in yourself). They can also help to give your mental health professional information on your life and medical history, including about your other family members and from when you were too young to remember. Your parents or carers could be involved in supporting your treatment and some treatments (such as family therapy) involve parents or carers in the treatment itself. This doesn't mean that your parents or carers will know everything that happens in your individual sessions.

The wellbeing of your parents or carers is important, and they might need support and advice themselves such as:

- attending a parent or carer support group
- psychological support for themselves
- help with any practical issues, such as financial or housing problems, which might be affecting your family.

Transitions between services

Transitioning from services for young people to adult services can be a worrying time, and usually happens when you are around 18. You might not need to transition to adult services if you are recovering from a first experience of depression while you are 17 years old. In this case, you will usually continue to be supported by your CAMHS team even if you turn 18. There are also some services which have a broader age range and can see people who are up to 25 years old. Your professional should let you know how things work in your area.

To help your transition go smoothly, your professional should leave plenty of time to work with you on planning the change. You should get clear information about what to expect from adult services and if it's helpful, your parents or carers should be involved.

You may also transition to another young people's service (e.g. if you move house). If this happens, your professional should work with you to make sure that your care can continue smoothly, and that your new service has all the information they need.

Ending treatment

You and your parents or carers (if appropriate) should be involved in decisions about when you are ready to end treatment. Treatment will usually end when your low mood has been better and has had less impact on your life for at least two months. When your treatment ends, you should still have regular check-ins with a professional for at least a year.

If your depression tends to come and go, you should keep having these check-ins for two years after your treatment has ended and your professional should talk with you about early warning signs that you might need more support. If you need more support after these two years, your professional should see you quickly after another referral.

If you feel that things have been getting worse it's important to discuss this at your check-ins, especially if you've experienced self-blame, suicidal thoughts, self-harm

or self-destructive behaviour. Your professional should help you with an emergency plan and a support network to help you cope during difficult times.

Mild depression

Self-help

Some evidence

Self-help can be guided or unguided. Guided self-help includes support from a professional and involves working through exercises and activities to help you to understand your feelings and problems and can be similar to CBT. Self-help will also explain what other choices and resources are available to you. Sometimes self-help might include materials for your parents or carers, or for you to use with their help.

Unguided self-help involves either little or no professional support. Both types aim to give you helpful instructions on how you can improve your coping skills and manage your difficulties.

Self-help can also include:

- contact with voluntary organisations
- reading or learning about depression
- helplines such as Childline or Kooth
- mentoring
- peer support groups
- sleep and relaxation techniques
- talking to family and friends

There is some evidence that guided self-help may be helpful for mild depression.

Individual Non-Directive Supportive Therapy

Some evidence

Individual Non-Directive Supportive Therapy (NDST) involves individual sessions with a professional to help you work out why you might be feeling depressed. This might include whether you have any worries, whether there are any problems at home, school or with your friends and what might help with these problems. Non-directive supportive therapy is often called counselling. The professional you see might be a counsellor based in your school, GP practice or someone in your local CAMHS clinic.

There is some evidence that non-directive supportive therapy might be able to help children and young people with mild depression. Counselling is also one of the most commonly available psychological treatments and may be more helpful for primary school than secondary school children.

Group cognitive behavioural therapy

Some evidence

Group cognitive behavioural therapy (CBT) involves a group of young people with similar problems meeting together regularly (usually weekly) with one or two therapists for a set number of weeks. There is usually a set programme of things to talk about and the therapists will make suggestions for how you might deal with any problems. Your group will also work together on problem solving. The therapists will often ask you to keep a diary of your thoughts, feelings and what you have been doing and will suggest things for you to try between sessions.

Group CBT will usually include:

- information about depression
- learning about how your thoughts, feelings and behaviour can affect one another
- learning how to notice changes in your mood so that you can learn what kinds of things affect you most (this can help you to do things which will positively affect your mood)
- help to develop a daily routine
- support to plan things you can do that might lift your mood
- help to spot and challenge negative patterns of thinking
- learning problem solving skills
- developing a plan to stay well

Group CBT isn't commonly available in the England at the moment, but there is some evidence that it might help with mild depression.

Digital cognitive behavioural therapy

Some evidence

Digital cognitive behavioural therapy (CBT) is also known as computer CBT and is a type of CBT that you can do using a computer, tablet or phone. There are different Digital CBT programmes available. For example, Healios, Kooth and Silver Cloud are some of the most common programmes in England and can be delivered by chat, video or text, and are sometimes linked to an app offering on-demand

support. There are also other programmes where you work through the content on your own.

Digital CBT programmes often include:

- information about depression
- information about how your thoughts, feelings and behaviour affect one another
- learning how to notice changes in your mood so that you can learn what kinds of things affect you most (this can help you to do things which will positively affect your mood)
- help to develop a daily routine
- support to plan things you can do that might lift your mood
- spotting and challenging negative patterns of thinking
- learning problem solving skills
- developing a plan to stay well

If Digital CBT is suggested by your professional then they should check whether you have access to a computer or phone connected to the internet and that you feel confident in using it. They should also make a plan with you and your parents or carers (if appropriate) about how to review whether you are starting to feel better and what to do if you feel worse.

Group Non-Directive Supportive Therapy

Emerging evidence

Group Non-Directive Supportive Therapy (NDST) involves a group of children or young people meeting with one or two therapists on a regular basis (usually weekly) to talk about their problems or worries and think about ways of tackling these. The therapists might use games or drawing or other creative techniques if talking is difficult. Group NDST aims to help you learn to communicate your feelings and learn new ways of coping.

Group Interpersonal Psychotherapy

Emerging evidence

Group Interpersonal Psychotherapy (IPT) is a talking therapy which looks at the relationships in your life, particularly your relationships with family and friends. You and your professional will think about the things that have happened in these relationships and how they might affect your mood, as well as how relationships with family and friends can help you.

During Group IPT one or two therapists will meet with a group of children or young people with similar problems, usually for about 6-8 weeks. During the sessions you'll be encouraged to talk about your relationships, ways of dealing with any problems and sometimes the group will practice how you might talk to people about things that are bothering you.

Group IPT is not often available in England.

Moderate to severe depression

Individual cognitive behavioural therapy

Strong evidence

Individual cognitive behavioural therapy (CBT) is a talking therapy which looks at how your thoughts, feelings and behaviour affect one another and how making changes in your thoughts and/or behaviour can improve your mood. During CBT your therapist will meet with you on your own, although they may also sometimes meet with you and your parents or carers together at the beginning or end of sessions. Your therapist will usually:

- talk to you about your depression and together with you try to understand what might have triggered your depression
- talk to you about how your depression is affecting you
- give you information about depression
- look at how your thoughts, feelings and behaviour affect one another
- help you to notice changes in your mood so that you can learn what kinds of things affect you most (this can help you to do things which will positively affect your mood)
- help you to develop a daily routine
- help you to plan things you can do that might lift your mood
- help you to spot and challenge negative patterns of thinking
- help you to develop problem solving skills
- work with you to develop a plan to stay well

Your professional may also encourage you to write down your thoughts and feelings as part of the treatment.

Sessions are usually held each week over 3 months, and last between 30 to 60 minutes.

Brief psychological intervention (ages 12-18 years)

Some evidence

Brief Psychological Intervention (BPI) is a structured psychosocial intervention which usually involves a maximum of 12 sessions. Your therapist will meet with you on your own, although your parents or carers may join you at the beginning or end of a session.

There are six key elements in BPI:

- learning more about depression
- planning activities involving other people that could help with depression
- building healthy lifestyle habits
- planning and making time for activities that are important to you
- support with sleep, diet and exercise
- support to help you engage with school and your friends

Family therapy

Some evidence

Family therapy is a talking therapy that involves the whole family. There are different types of family therapy and family therapy is used as a treatment for a range of different mental health problems. The type of family therapy your professional suggests will depend on how old you are and your specific difficulties. For moderate to severe depression family therapy usually takes place over about 3 months.

Family focused treatment for childhood depression (FFTCD)

If you're 5-11 years old, your professional will probably suggest family focused treatment for childhood depression (FFTCD). This treatment takes place over 12-16 sessions and will usually start with your therapist seeing you for one session and then a session with your parent or carer on their own. After these individual sessions, your next sessions will be together with your parent or carer.

FFTCD includes help with understanding depression, getting used to talking together as a family about problems, learning about how what we do affects how we feel and problem solving.

Sessions usually involve:

- your therapist meeting briefly with you to talk about your symptoms
- your parent or carer joining the session to talk about any recent important events
- your therapist presenting a new concept or skill and helping you to use the concept or skill within your family relationships

- your therapist guiding you and your parent or carer to practice and apply what they've learned through role plays, games, discussions, and problem-solving exercises
- your therapist setting you 'homework' to practice these skills at home and encouraging you to see how these skills work in your everyday life

Systemic family therapy

Systemic family therapy is based on the idea that families are a system where the actions of one person or what happens to one person can affect how the other people in the family feel and behave. It will also try to help with problems that can happen when family members get stuck in ways of communicating or behaving towards each other that are unhelpful.

Together, families can come up with solutions or ways of solving problems by changing the way they communicate or behave towards each other. Family therapists will aim to build on your family's existing strengths without taking sides, blaming anyone, or providing simple 'one size fits all' answers. They will help your family members to talk to each other about their worries, feelings and experiences and find solutions that work for them. Systemic family therapy doesn't usually follow a set programme. Sessions tend to be about 60 minutes each week, but this can change if a different way of working would suit you and your family better.

All family therapists will adapt their ways of working according to your age, needs and preferences. Sessions involving younger children, for example, often include play and drawing. Some people may wish to talk together from the start of therapy sessions, while others may prefer some individual time with their family therapist before deciding whether to share their thoughts and feelings with others and how best to do that. Your family therapist will discuss with you how you would like to work together.

Some family therapists work individually. Others work in pairs or with a team of colleagues. Sometimes these colleagues sit behind a one-way mirror or screen to watch your therapist and family talk together and then share their thoughts and ideas with the family therapist and family. Many families say they find this 'team' approach to complex difficulties very helpful.

Family-based interpersonal psychotherapy (ages 5-11 years)

Some evidence

Family-based IPT (FB-IPT) is a 14-session treatment for depression in children. Your therapist will work with you and your parents or carers to understand how your depression is related to difficulties in your family. These issues might be affecting

your parents or carers as well as you, such as bereavement, family conflict or big family changes. You and your parents or carers will learn simple ideas to improve communication and problem-solving. One of your parents or carers will attend part of every FB-IPT session.

FB-IPT is broken down into in three parts:

1. **In the first part**, each session is divided between separate individual meetings with you and your parent or carer. Over the first five sessions you, your parent or carer and your mental health professional will think about and agree on the most important issue within your family which is related to your depression symptoms. You will also all agree on goals for the therapy.
2. **In the second part**, each weekly session is divided between individual time for you and shared time with your parent or carer. During the individual time your therapist will encourage you to talk about how you have been feeling and what has been happening in your relationships. You will also discuss ways of dealing with any problems in your relationships (such as different ways of communicating). The shared time will help your parent or carer to learn about interpersonal skills (such as talking about feelings and meeting in the middle on disagreements) to help make positive changes in your relationships.
3. **In the final part** of FB-IPT, joint meetings will also focus on how to notice early warning signs and prevent future periods of depression.

Interpersonal psychotherapy for adolescents (ages 12-17 years)

Some evidence

Interpersonal psychotherapy for adolescents (IPT-A) is a type of talking therapy where you meet with your therapist on your own, although there are also usually some joint meetings with your parents or carers.

IPT-A focuses on the links between your depression and what happens in your relationships with friends, family and other people. You and your therapist will work together on ways that your relationships could improve and help you to feel better.

IPT-A is usually offered over 12 individual weekly sessions. Your parents or carers will be invited to 3 or more extra sessions, which you will also have the option to attend.

The initial sessions are usually focused on understanding your depression and mapping out the relationships in your life. You'll also work out what it is you would like to be different in your relationships (your goals for the therapy). At the end of

the initial stage, you and your therapist will have a shared understanding of the main type of relationship (or 'interpersonal') problem that might be causing your depression. This helps the therapy to be focused on the main problem affecting you and helps your therapist to think about the techniques that you are likely to find the most helpful.

There are four main types of problems you could focus on in IPT-A:

1. Grief – where somebody close to you has died
2. Interpersonal conflicts – where you have a difficult relationship with one or two important people
3. Role transition – where there has been a major change in your life, such as moving to a new country
4. Interpersonal sensitivities - where you have found it very difficult to make good relationships for a long time

In the middle part of IPT-A you and your therapist will try to improve your understanding of the links between your relationships and symptoms, and try to improve your relationships. Your therapist will suggest strategies you can use to deal with problems in your relationships and practice these with you in the session. Your therapist will also talk to you about how you can involve some of the people in your life to support you in your recovery and help you plan how you might deal with any relationship problems or challenges. Your therapist might also suggest things you could practice in your relationships over the next week.

In the final part of IPT-A your therapist will talk to you about how you feel about ending your sessions. They will discuss with you what has changed over the course of the IPT-A and why, and what has worked well. They will also talk with you how you can use what you have learned in the sessions to improve your relationships and symptoms in the future and what to do if you have a relapse.

Psychodynamic psychotherapy

Some evidence

Psychodynamic psychotherapy is a talking therapy, where you meet on your own with a psychotherapist. The sessions are unstructured which means you can discuss whatever is on your mind. Your psychotherapist will listen carefully to what you say and notice if there are patterns or possible links to other events in your life, which you might not recognise yourself (this process is called making interpretations). Understanding the patterns in how you feel about things, your relationships and past events (particularly those which have been traumatic or upsetting) can help you change how you feel.

Sessions tend to be once a week and are usually about 50 minutes long. Treatment takes place over at least 30 weeks. Your psychotherapist will adjust how they approach the sessions according to your needs, for example, younger children or people who find it harder to talk about feelings might be encouraged to use drawing or play whereas for older young people the sessions will mostly involve talking.

Psychodynamic psychotherapy might be recommended for you if you have moderate to severe depression which has not responded to another type of treatment (such as CBT, IPT or Family Therapy).

Medication

Some evidence

Medication will only usually be suggested if you are 12- 18 years old, have moderate to severe depression and:

- are not getting better with a psychological treatment
- have very severe depression and might find it hard to try a psychological therapy
- do not want to try a psychological therapy

If you decide to take medication for depression then either the doctor who prescribes your medication or another professional in your CAMHS team should meet with you regularly.

The first type of medication you are likely to be offered is fluoxetine which is a type of antidepressant medication called a selective serotonin reuptake inhibitor, or SSRI. If you are under 12 and therapy is not helping, then you and your family could talk with your professional about whether to try fluoxetine, but it is important to know that fluoxetine has not yet been shown to be effective for children under 12.

While you are taking medication your professional should keep a close eye on side effects and check in regularly with you about how you are feeling, particularly in the first 4-6 weeks or if you change the dose (as these can cause a temporary increase in side-effects including feeling agitated or thoughts of self-harm).

How long do medications for depression take to work?

All types of medication for depression take a few weeks to work. The benefits should then increase over several weeks. It is important that you and your family are aware of this, as you may not notice a change at first.

If there is no improvement at all after 4 weeks then your treatment should be reviewed and your professional should talk with you about increasing or changing your medication.

Second option medications

Sometimes the first type of antidepressant you try does not work. If this is the case, then your doctor should talk with you about whether there is anything happening in your life that is stopping you getting better (such as other mental or physical health conditions or things happening at home or school). Your doctor might recommend a different type of therapy such as a talking therapy alongside your medication.

They might also recommend increasing the amount of fluoxetine you take each day, although this might cause an increase in side-effects. Your doctor might also recommend trying a different type of antidepressant medication. This could be a different SSRI (e.g. sertraline or citalopram) and although these are all very similar to fluoxetine it can be worth trying one of them to see whether it is better at making a difference to your symptoms.

Third option medications

Although most children and young people recover with the combination of fluoxetine (or an alternative SSRI) and psychological therapies, occasionally this doesn't help.

In some circumstances your doctor might recommend an alternative antidepressant medication such as mirtazapine. However, while there is good evidence that it is effective and safe for adults, we don't know whether this applies to young people.

Low doses of atypical antipsychotics in combination with fluoxetine or another SSRI are also sometimes recommended if someone's depression hasn't responded to other treatment (e.g. olanzapine, aripiprazole and quetiapine). The evidence for this again comes from studies in adults and clinical experience but there is little research involving young people.

Medications which you should not be prescribed

Some antidepressants should not be prescribed for under 18s:

- paroxetine
- venlafaxine
- tricyclic antidepressants

There is evidence for these types of medication that the risks outweigh any benefits and there is poor evidence of effectiveness in most young people.

St John's wort is a herbal medicine used by some adults for depression. It is not recommended in young people because there is no evidence of its effectiveness.

How long should I keep taking antidepressants?

Stopping medication may mean that your symptoms come back. The longer someone is well before medication is stopped, the more likely it is that they will stay well when they stop taking the medication.

Often young people will stay on antidepressants for some time after recovery:

- For 6 months after a first episode of depression
- For 2 years after a second episode of depression

Stopping antidepressant medication

Sometimes people get 'discontinuation symptoms' when they stop taking antidepressant medication. This does not mean that they are addictive, but it is unpleasant and happens because of adjustments in how the body functions when the medication is no longer in your system. These symptoms might also happen if you miss a dose.

Because of this, doses of antidepressant medication should be reduced gradually over several weeks (sometimes months).

Medication for psychotic depression

Psychotic depression happens when severe depression becomes associated with hallucinations such as hearing voices and/or delusions or unusual beliefs. If you have psychotic depression, your current treatment plan should include an atypical antipsychotic medication. Although there is good evidence from treatment of adults with psychotic depression there isn't yet good research evidence in children and young people on the most effective dose or how long you need to take the antipsychotic medication.

Inpatient care for depression that has not responded to other treatments

Some evidence

Children and young people are rarely admitted to inpatient units in the UK. If your professional suggests inpatient care then this will be because they think it's the best way to help you. This might be because they are concerned that you're at significant risk of self-harm or need a type of treatment that isn't available anywhere else.

How long you stay will depend on the support that you need. Your family will be able to visit you and usually, you will continue to do school work and have sessions with a mental health professional.

Although inpatient units can be helpful in keeping you safe and providing intensive treatment, there are also concerns about the negative effects of being separated from family and friends and your normal community. This can make it harder to go back to school, start seeing your friends and family again and get back to your usual routines. There are also sometimes concerns about the impact of being with other young people with similar problems. While inpatient care can be supportive as you might meet people who know how you feel, there can also be downsides such as unhelpful coping strategies like self-harm starting to seem normal.

Attachment based family therapy (ages 12-17 years)

? Emerging evidence

Attachment-based family therapy (ABFT) is a type of family therapy that was specifically developed for young people who are depressed and their families. ABFT is designed to focus on your family and the individual interactions and patterns associated with depression and suicidal thoughts. It aims to help repair any family relationships which have broken down and to rebuild secure relationships.

Your professional will get to know you and your family members' strengths and interests, and they will work with you to think about how you might be able to improve your family relationships and motivation. Your professional will also work with your parents or carers to explore their own experiences of family relationships (including when they were growing up) and how that might be affecting their parenting. Together, you, your parents or carers and your professional will discuss concerns you have about your relationship with your parents or carers and work towards resolving them. Your professional will also support you and your family to find a balance between parental involvement and support and independence.

Electroconvulsive therapy for depression that has not responded to other treatments

Insufficient evidence

Electroconvulsive therapy (ECT) involves an electrically induced seizure under general anaesthetic and is used as a treatment for severe, life threatening depression in adults who haven't responded to other treatments.

It is hardly ever used to treat children or young people in the UK. It is only recommended for young people whose depression is very severe and hasn't improved after many other treatments and for young people with life-threatening symptoms such as severe suicidal behaviours or extreme self-neglect (for example not eating or drinking).

ECT is not recommended for children aged 5-11 years. If ECT is being considered for someone under 18 then the Care Quality Commission need to be contacted (an organisation which oversees healthcare in the UK) and a Second Opinion Appointed Doctor will need to carry out a second assessment. ECT will only be given to someone under 18 years if all these people agree that it's the right treatment option. This is still the case if you have already agreed to the treatment.

The main risk with ECT is that it can affect your memory and cause some memory loss. There has been very little research on ECT in young people and it isn't known how ECT affects young people whose brains are still developing.