port, please refer to the GLAD-PC toolkit (available at www.glad-pc.org).

For moderate or severe cases, the clinician should recommend treatment, crisis intervention (as indicated), and mental health consultation immediately without a period of active monitoring.

**Recommendation 2**: If a PC clinician identifies an adolescent with moderate or severe depression or complicating factors/conditions such as coexisting substance abuse or psychosis, consultation with a mental health specialist should be considered (grade of evidence: C; strength of recommendation: strong). Appropriate roles and responsibilities for ongoing management by the PC and mental health clinicians should be communicated and agreed upon (grade of evidence: C; strength of recommendation: strong).

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**FIGURE 1**
Clinical management flowchart. 

1. Provide psychoeducation, provide supportive counseling, facilitate parental and patient self-management, refer for peer support, and regularly monitor for depressive symptoms and suicidality. 
2. Negotiate roles/responsibilities between PC and mental health and designate case coordination responsibilities; continue to monitor in PC after referral; and maintain contact with mental health. 
3. Clinicians should monitor for changes in symptoms and emergence of adverse events such as increased suicidal ideation, agitation, or induction of mania. For monitoring guidelines, refer to the GLAD-PC toolkit.

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“Provide medication and/or therapy in PC with evidence-based antidepressant and/or psychotherapy.”

**If partially improved after 6-8 wk**

1. Consider
   - Adding medication if not already; increasing to maximum dosage as tolerated if already on medication
   - Adding therapy if not already
   - Consulting with mental health
2. Provide further education, review safety plan and continue ongoing monitoring

**If not improved after 6-8 wk**

1. Reassess diagnosis
2. Consider
   - Adding medication if not already; increasing to maximum dosage as tolerated if already on medication; changing medication if already on maximum dose of current medication
   - Adding therapy if not already
   - Consulting with mental health
3. Provide further education, review safety plan and continue ongoing monitoring

**If improved after 6-8 wk**

1. Continue medication for 1 y after full resolution of symptoms (based on adult literature). AACAP recommendation recommends monthly monitor for 6 mo after full remission.
2. Continue to monitor for 6-24 mo with regular follow-up whether or not referred to mental health
3. Maintain contact with mental health if such treatment continues.

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For moderate or severe cases, the clinician should recommend treatment, crisis intervention (as indicated), and mental health consultation immediately without a period of active monitoring.

**Recommendation 2**: If a PC clinician identifies an adolescent...