Screening for Depression and Suicide Risk in Children and Adolescents

The US Preventive Services Task Force (USPSTF) has recently published recommendations on screening for depression and suicide risk in children and adolescents.

People with depression often feel sad, hopeless, helpless, tired, and unmotivated. Depression can also manifest as being irritable, distracted, or argumentative. All children and adolescents have these feelings at times as part of normal growth, development, and life. However, a depressive disorder is when these feelings become strong and persistent and lead to problems in day-to-day functioning at home, in school, or with peers. Depression in childhood is strongly associated with depression in adulthood.

Risk factors for depression include a family history of depression, prior episodes of depression, childhood abuse or neglect, exposure to traumatic events or stress, bullying, maltreatment, adverse life events, and a difficult relationship with parents. Lesbian, gay, bisexual, transgender, and queer (LGBTQ) teens are at increased risk of depression. Depression increases risk of suicidal thoughts, suicide attempts, and suicide completion, which is the second leading cause of death among youths aged 10 to 19 years.

Treatment for depression in children and adolescents includes psychotherapy and medications, typically selective serotonin reuptake inhibitors (SSRIs).

What Tests Are Used to Screen for Depression and Suicide Risk in Children and Adolescents?
The most commonly used screening questionnaire for depression is the 9-Item Patient Health Questionnaire (PHQ-9). Other questionnaires include the PHQ modified for adolescents (PHQ-A) and the Center for Epidemiologic Studies Depression Scale.

What Is the Population Under Consideration for Screening for Depression and Suicide Risk in Children and Adolescents?
This recommendation applies to children and adolescents aged 18 years or younger who do not have a diagnosed depressive disorder and do not have recognized signs or symptoms of depression.

What Are the Potential Benefits and Harms of Screening for Depression and Suicide Risk in Children and Adolescents?
The goal of screening is to diagnose and treat depressive disorders to improve symptoms and quality of life. For adolescents aged 12 to 18 years, there is evidence that screening questionnaires can accurately identify major depressive disorder and that treatment can lead to improvement or remission of symptoms. For children aged 11 years or younger, there is not enough evidence about the accuracy of depression screening questionnaires or the association between screening and symptom improvement or remission.

Potential harms of screening for depression in young children or for suicide risk in children and adolescents of any age include false-positive results that may lead to unnecessary referrals, labeling, anxiety, and stigma. While psychotherapy has little to no potential harm, the use of SSRIs in children is associated with harms, including a potential increased risk of suicidal thoughts.

How Strong Is the Recommendation to Screen for Depression and Suicide Risk in Children and Adolescents?
Based on current evidence, the USPSTF concludes with moderate certainty that screening for depression in adolescents aged 12 to 18 years has a moderate net benefit (benefits outweigh harms). The USPSTF concludes that the evidence is insufficient for screening for depression in children aged 11 years or younger as well as for screening for suicide risk in all children and adolescents.

How Does This Differ From Prior Recommendations?
This recommendation is consistent with the 2014 USPSTF recommendation statement on screening for suicide risk in adolescents as well as the 2016 recommendation statement on screening for major depressive disorder in children and adolescents.

FOR MORE INFORMATION
US Preventive Services Task Force

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Published Online: October 11, 2022. doi:10.1001/jama.2022.18187
Author Affiliation: Associate Editor, JAMA.
Conflict of Interest Disclosures: None reported.

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