

Screening for Depression in Children and Adolescents

The U.S. Preventive Services Task Force (Task Force) has issued a **final recommendation statement** on *Screening for Depression in Children and Adolescents*.

This final recommendation applies to children and teens up to age 18 who have not been diagnosed with major depressive disorder (MDD). This recommendation focuses on screening for MDD and does not address screening for other depressive disorders, such as minor depression. The Task Force focused on MDD because of the serious impact that MDD can have on the life of a child or teen, including an increased risk of suicide.

The Task Force reviewed research studies on the potential benefits and harms of screening for MDD in children and teens. This final recommendation statement summarizes what the Task Force determined: (1) adolescents ages 12 to 18 should be screened for MDD; (2) currently, there is not enough information on the benefits and harms of screening for MDD in children ages 11 and younger to recommend for or against it.

What are depression and major depressive disorder?

Depression is a condition that causes a person to have feelings of sadness that do not go away. Depression can affect thoughts, feelings, behavior, mood, and physical health.

Major depressive disorder (MDD) is severe form of depression that lasts longer than two weeks and interferes with a person's ability to function at home, at school, and interact with friends and family.

Facts about Depression

Depression can have many different symptoms and can range from mild to severe. MDD is a serious form of depression that interferes with the ability of children and teens to carry out their daily activities, relate to others, and grow up healthy. People with MDD usually experience periods of time where they feel sad most of time and where they have lost interest in activities that they used to enjoy. Some children and adolescents with MDD may seem disruptive or irritable rather than sad. Children and teens with MDD have an increased risk of depression and other mental health problems when they become adults. They also have a higher risk of suicide.

Risk factors for MDD in children and teens include a family history of depression; having had depression before; having other mental health, behavioral problems or a chronic medical illness; being overweight or obese; and being female. The risk of MDD is higher for teens than for children.

Other factors also can increase the risk of MDD. These factors include childhood abuse or neglect, exposure to traumatic events (including natural disasters), doing poorly in school, uncertainty about sexual orientation, loss of a loved one, the end of a romantic relationship, family conflict, and having low socio-economic status.

Screening for MDD

The goal of screening is to identify children and teens with MDD so that they can get the help they need. The most common screening tests for MDD in children and teens are the Patient Health Questionnaire for Adolescents (PHQ-A) and the Beck Depression Inventory-Primary Care Version. The PHQ-A is a short questionnaire that asks the child or teen to report how often they are bothered by problems such as a lack of enjoyment doing things, sad or hopeless feelings, sleep problems, or trouble concentrating. The PHQ-A also asks whether these problems are getting in the way of carrying out daily activities and whether the child or teen has had thoughts of suicide. The Beck Inventory asks the child or teens to describe the emotional, behavioral, and physical symptoms they are experiencing.

While the Task Force's recommendation is focused on MDD, the same screening tools used to screen for MDD can be useful to help identify and discuss other mental health conditions that could be affecting the teen, including mild depression.

Treatment for MDD

MDD can be treated in a number of ways, including counseling, medications, support programs, or a combination of these approaches. The best treatment for an individual depends on how severe the depression is and other considerations, such as the teen's life situation, other health conditions, and preferences for treatment. Determining the best approach to care should be a shared decision between the clinician, the teen, and his or her parents.

Potential Benefits and Harms of Screening and Treatment for MDD

The Task Force found that screening tests can accurately identify MDD in teens ages 12 to 18. They also found that treatment of MDD in teens identified through screening leads to improvements, such as a reduction in symptoms.

The Task Force also looked at potential harms of screening and treatment for MDD in teens ages 12 to 18. They found that there is very little risk of harm from talk therapy and support programs to treat MDD. They found that there are potential harms of using medications to treat MDD in teens, but the likelihood of harms occurring are small if the treatment is closely monitored by a doctor.

There have been very few studies on screening and treating MDD in children 11 years and younger. Therefore, the Task Force determined that there was not enough evidence about the benefits and harms of screening for MDD in this age group to make a recommendation. It urges more research on how to best support and care for young patients and families affected by MDD.

The Final Recommendations on Screening for Depression in Children and Adolescents: What Do They Mean?

Here are the Task Force's final recommendations on screening for depression in children and teens. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends screening (**B Grade**), it is because it has more potential benefits than potential harms. The Notes explain key ideas. When there is not enough evidence to judge benefits and harms, the Task Force does not make a recommendation for or against—it issues an **I Statement**.

Visit the Task Force Web site to read the full [final recommendation statement](#). The statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

- 1 The USPSTF recommends *screening for major depressive disorder* (MDD) in *adolescents* ages 12 to 18 years. Screening should be implemented with *adequate systems in place* to ensure accurate diagnosis, effective treatment, and appropriate follow-up. **B Grade**
- 2 The USPSTF concludes that the *current evidence is insufficient* to assess the balance of benefits and harms of screening for MDD in children age 11 years and younger. **I Statement**

Notes

- 1 *major depressive disorder* MDD. Severe depression that lasts longer than two weeks and interferes with a person's ability to function at home, at school, and with friends and family.
adolescents
Teenagers
adequate systems in place
Screening to identify whether a child or teen may have depression is only the first step. For screening to be effective, the primary care provider also should make sure the patient gets the other essential components of care—accurate diagnosis, optimal treatment, and appropriate monitoring and follow-up. This can happen either within the primary care practice or through referrals to outside mental health professionals.
- 2 *current evidence is insufficient*
Very few studies on screening and treating for MDD in children have been conducted. As a result, the Task Force did not have enough information on their potential benefits and harms to recommend for or against it.

Talking to Your Child's Doctor about Depression

Acknowledging a mental health concern can sometimes be difficult, and your child may have depression even if you have not noticed any signs of a problem. Parents who have any concerns about their child's mood, behavior, or functioning should talk with their child's doctor or nurse.

During your conversation with your child's clinician, make sure all your questions and concerns are addressed. Use this information to become fully informed so that you can decide together what actions might be right for your child.





What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a draft recommendation statement. All comments are reviewed and considered in developing the **final recommendation statement**. To learn more, visit the [Task Force Web site](#).

| Task Force Recommendation Grades | |
|----------------------------------|--|
| Grade | Definition |
| A | Recommended. |
| B | Recommended. |
| C | Recommendation depends on the patient’s situation. |
| D | Not recommended. |
| I statement | There is not enough evidence to make a recommendation. |

Click Here to Learn More About Depression

-  **Depression** (Medline Plus)
-  **Depression in Children and Adolescents** (National Institute of Mental Health)
-  **Get Your Teen Screened for Depression** (heathfinder.gov)
-  **National Suicide Prevention Lifeline** (Substance Abuse and Mental Health Services Administration)