

High Rates of Adolescent Depression and Suicide Risk Detected by Routine Screening in Primary Care

During preventative-care visits, 56% of adolescents without prior mental health issues screened positive for depression.

The USPTF recommends screening adolescents ≥ 12 years-old for depression during primary care visits. To anticipate and provide appropriate mental-health referrals and follow-up services, understanding the rates of positive screens is necessary. Within a single institution's 12-site primary care network that provides primary care for $>100,000$ children, investigators analyzed screening results for depression (using the Patient Health Questionnaire-9 Modified for Adolescents [PHQ-9A]) and suicide risk (using the Ask Suicide Screening Questions [ASQ]). Patients ≥ 12 years old without any prior history of depression or self-harm were included.

Between 2019 and 2020, 803 patients completed both the PHQ-9A and ASQ screenings at a preventative visit. Most patients were between 12 and 15 years old (69%), female (59%), non-Hispanic Black (61%), English-speaking (70%), and had Medicaid (79%). Overall, 56% of patients had a positive PHQ-9A screen for any type of depression (including mild), 25% had a score suggestive of major depressive disorder, and 12% reported suicidal thinking in the previous month. The most endorsed PHQ-9A items were depression/sadness in the past year (44%) and sleep difficulties (33%). Among the total population, 21% had a positive ASQ suicide-risk screening.

COMMENT

An adolescent depression screening tool like the PHQ-9A should be used in all primary care clinics and perhaps supplemented with a suicide-risk screening tool. Although clinicians may face practical challenges in connecting the many who screen positive to appropriate resources, the information can help providers initiate mental health discussions during the visit. — **James A. Feinstein, MD, MPH**

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