

Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statements on screening for anxiety in children and adolescents and screening for depression and suicide risk in children and adolescents. It also tells you how you can send comments about the draft recommendations to the Task Force. Comments may be submitted from April 12, 2022, to May 9, 2022. The Task Force welcomes your comments.

Screening for Anxiety, Depression, and Suicide Risk in Children and Adolescents

The Task Force issued **draft recommendation statements** on *Screening for Anxiety in Children and Adolescents* and *Screening for Depression and Suicide Risk in Children and Adolescents*.

The Task Force recommends screening children 12 and older for depression and screening children ages 8 and older for anxiety. There is not enough evidence to recommend for or against screening for anxiety and depression in younger children and screening for suicide risk in all youth.

These recommendations are for children and teens who are not showing signs or symptoms of these conditions.

Facts About Anxiety, Depression, and Suicide Risk in Children and Adolescents

Too many children and teens in the United States experience mental health conditions including anxiety, depression, and suicidal thoughts or behaviors.

Anxiety is a common mental health condition in the United States. While anyone can have anxiety, the factors that can increase a child's risk include being very afraid when away from parents, disagreement between parents, overprotective parents, parents not living together from a young age, child maltreatment, poverty, and low socioeconomic status. Certain groups are also at increased risk, including females, lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth, older adolescents ages 12 to 17, and White children. There are several types of anxiety disorders, including generalized anxiety disorder, social anxiety, panic disorder, and separation anxiety.

Depression is a serious condition that can affect people of all ages, including children. The factors that increase the risk for depression include having other family members who have depression, experiencing stressful events like childhood abuse or neglect, exposure to traumatic events, bullying, and maltreatment, or having a difficult relationship with parents. Additionally, gender identity and sexual orientation may increase a person's risk.

Suicide is a leading cause of death for older children. Youth at increased risk include those with mental health disorders, a family history of suicide or mental health disorders, previous suicide attempts, and those who experience stressful life events such as abuse, maltreatment, and conflict with parents. Rates of suicide are higher among males; LGBTQ youth; and American Indian youth.



What is anxiety?

Anxiety is a feeling of excessive fear or worry that interferes with normal activities.

What is depression?

Depression is a condition where a person feels sad or unhappy for long periods of time or lacks interest in doing normal activities.

What is suicide?

Suicide is when people harm themselves with the intention to end their lives.

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Screenings for anxiety, depression, and suicide risk are typically done through questionnaires that ask questions related to the specific condition to identify common symptoms. Importantly, a screening test alone is not enough to diagnose the condition. If a screening test is positive, a healthcare professional will do a followup assessment to confirm the diagnosis. After diagnosis, youth, their parents or guardians, and their healthcare professional decide together what treatment is right for them.

Potential Benefits and Harms of Screening Anxiety, Depression, and Suicide Risk in Children and Adolescents

For older children and teens, screening and followup care can reduce symptoms of depression and can improve, and potentially resolve, anxiety. Potential harms of screening questionnaires include screening results that show depression or anxiety even though that condition is not there (false-positive), leading to unnecessary referrals for treatment, increased anxiety, and stigma. Counseling for these conditions is likely to have minimal harms. There are some harms associated with medications, so youth who are prescribed medications should be followed closely.

There is not enough evidence to determine the benefits or harms of screening younger children for anxiety or depression. The Task Force is calling for more research in these areas.

The goal of screening for suicide risk is to identify the risk of suicide early, so the person can be connected to care. However, there is limited evidence of the benefits and harms of screening for suicide risk in people without signs or symptoms, so the Task Force is also calling for more research in this critical area.

These recommendations are not for children and teens showing signs or symptoms of these conditions. Younger children expressing concerns or showing signs of depression or anxiety and all youth with suicidal thoughts or behaviors should talk to their healthcare professional and be connected to care.

The Draft Recommendations on Screening for Anxiety, Depression, and Suicide Risk in Children and Adolescents: What Do They Mean?

Here are the Task Force's draft recommendations on screening for anxiety in children and adolescents and screening for depression and suicide risk in children and adolescents. They 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 issues a **B Grade**, it recommends screening because it has more potential benefits than potential harms. When the Task Force issues an **I Statement**, it means that there is not enough evidence to recommend for or against the preventive service.

Before you send comments to the Task Force, you may want to read the [draft recommendation statements](#). The recommendation statements explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the scientific studies the Task Force reviewed.

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- 1** The USPSTF recommends screening for **anxiety** in children and adolescents aged 8 to 18 years in **primary care**.
(Grade B)
- 2** The USPSTF concludes that the **current evidence is insufficient** to assess the balance of benefits and harms of screening for anxiety in children aged 7 years or younger.
(I Statement)
- 3** The USPSTF recommends screening for **major depressive disorder** (MDD) in adolescents aged 12 to 18 years.
(Grade B)
- 4** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for MDD in children aged 11 years or younger.
(I Statement)
- 5** The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for **suicide risk** in children and adolescents.
(I Statement)

Notes

- 1 anxiety**
A feeling of excessive fear or worry.
primary care
The office or clinic where your doctor, nurse, physician assistant, or nurse practitioner sees you for general healthcare and prevention.
- 2 current evidence is insufficient**
The Task Force did not find enough information to make a recommendation for or against screening.
- 3 major depressive disorder**
Heightened periods of sad mood and loss of interest or pleasure in everyday life that lasts longer than two weeks and interferes with daily functioning at home, school, and with friends and family.
- 5 suicide risk**
When people have thoughts or behaviors related to harming themselves with the intention to end their lives.

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

The Task Force is an independent, non-federal, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of people nationwide 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 being discussed.

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 website**.

USPSTF 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 Anxiety, Depression, and Suicide Risk in Children and Adolescents](#)

-  **Anxiety and Depression in Children**
(Centers for Disease Control and Prevention)
-  **Depression**
(MedlinePlus)
-  **Suicide Prevention**
(National Institute of Mental Health)
-  **Suicide Prevention**
(Centers for Disease Control and Prevention)
-  **Anxiety**
(MedlinePlus)

[Click Here to Comment on the Draft Recommendation](#)



The Task Force welcomes comments on this draft recommendation.



Comments must be received between April 12, 2022, and May 9, 2022.



All comments will be considered for use in writing final recommendations.