U.S. Preventive Services Task Force Highlights
High-Priority Evidence Gaps in 2023 Report to Congress

Task Force calls for more research to improve mental health with a focus on high-risk populations

WASHINGTON, D.C. – November 15, 2023 – Today, the U.S. Preventive Services Task Force (Task Force) released its 13th Annual Report to Congress on evidence gaps related to promoting mental health and wellness for people of all ages and in specific high-risk populations. The topics featured in this report include screening for anxiety disorders, depression, and suicide risk in children, adolescents, and adults.

The report reinforces the Task Force's commitment to improving health equity by highlighting research gaps that are reflective of populations that are most affected by these conditions. Too often, risk level is determined by disparities that persist in healthcare and health outcomes based on age, race and ethnicity, sexual orientation, gender identity, and social determinants of health, such as economic and social conditions. Addressing these inequities through research can lead to the Task Force making recommendations that can help to overcome barriers to health care and reduce disparities.

“Recognizing the critical need for primary care to support the mental health of people nationwide, the Task Force is using this year’s Report to Congress to highlight priority evidence gaps from our recent recommendations on screening for anxiety disorders, depression, and suicide risk,” says Task Force chair Michael Barry, M.D. “We hope that this report inspires more research in these important areas so that we can continue providing evidence-based guidance to improve health.”

Mental health conditions are common and affect many Americans and their families. More than 1 in 5 adults in the United States live with a mental illness, and more than 1 in 5 youth between the ages of 13 and 18 years currently have a seriously debilitating mental illness or will at some point during their life.

“While mental health conditions can affect anyone, there are certain people at higher risk because of their sex, gender, age, race, ethnicity, socioeconomic status, and other factors,” says Task Force vice chair Wanda Nicholson, M.D., M.P.H., M.B.A. “Focusing future research on populations most affected by mental health conditions is an essential step in improving health equity.”

The report includes an update on the Task Force’s activities over the past year, during which it continued to work on a full portfolio of more than 89 preventive service topics. This year, the Task Force published 13 final recommendation statements in the Journal of the American Medical Association. It also made 10 draft recommendation statements and nine draft research plans available to the public for comment as well as provided ongoing opportunities for topic and Task Force member nominations.


The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Barry is the director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a primary care clinician at Massachusetts General Hospital.
Dr. Nicholson is a senior associate dean for diversity, equity and inclusion and professor of prevention and community health at the Milken Institute School of Public Health at the George Washington University. She is a member and vice-president-elect of the board of directors of the American Board of Obstetrics & Gynecology; editor, health equity, diversity and inclusion for the American Journal of Obstetrics & Gynecology; past chair of the American College of Obstetricians and Gynecologists (ACOG) Diversity, Equity, and Inclusive Excellence Workgroup; and an immediate past member of the executive board of ACOG.

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