

## U.S. Preventive Services Task Force Issues Draft Recommendation Statements on Screening for Anxiety, Depression, and Suicide Risk in Children and Adolescents

*Screening can help identify anxiety and depression in older children;  
more research is needed in younger children and screening all youth for suicide risk*

WASHINGTON, D.C. – April 12, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted draft recommendation statements on screening for depression and suicide risk in children and adolescents and screening for anxiety in children and adolescents. The Task Force recommends screening children 12 and older for depression and, for the first time, is recommending screening children ages 8 and older for anxiety. **These are B grades.** 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 are I statements.** These draft recommendations are for children and teens who are not showing signs or symptoms of these conditions.

### Grades in these recommendations:

- B: Recommended.
- I: The balance of benefits and harms cannot be determined.

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Too many children and teens in the United States experience mental health conditions, including anxiety, depression, and suicidal thoughts or behaviors. There are several forms of anxiety, including generalized anxiety disorder and social anxiety, but all forms are characterized by excessive fear or worry. Depression, or major depressive disorder, is a condition that negatively affects how people feel, think, and act. Suicide is when people harm themselves with the intention to end their lives.

“To address the critical need for supporting the mental health of children and adolescents in primary care, the Task Force looked at the evidence on screening for anxiety, depression, and suicide risk,” says Task Force member Martha Kubik, Ph.D., R.N. “Fortunately, we found that screening older children for anxiety and depression is effective in identifying these conditions so children and teens can be connected to the support they need.”

For older children and teens, screening and followup care can reduce symptoms of depression and can improve, and potentially resolve, anxiety. However, there is very limited evidence on the benefits and harms of screening children younger than 8 for anxiety and younger than 12 for depression. And while suicide is tragically a leading cause of death for older children and teens, there continues to be limited evidence about screening for suicide risk in those without signs or symptoms across all ages. This is an area where more research is critical.

“The challenge is that, for children and adolescents without signs or symptoms, we do not have the evidence to tell us whether or not it’s beneficial to screen younger children for depression and anxiety and all youth for suicide risk. More research on these important conditions is critical,” says Task Force member Lori Pbert, Ph.D. “In the meantime, healthcare professionals should use their clinical judgment based on individual patient circumstances when deciding whether or not to screen.”

The Task Force recognizes that screening is only the first step in helping children and teens with depression and anxiety. Youth who screen positive need further evaluation to determine if they have depression or anxiety. After diagnosis, youth should participate in shared decision making with their parents or guardians and their healthcare professionals to identify the treatment or combination of treatments that are right for them, and then be monitored on an ongoing basis to ensure that the chosen treatment is effective. It is also important to emphasize

that these draft recommendations are for youth who are not showing signs or symptoms of anxiety, depression, or suicide. Anyone expressing concerns about or showing signs of these conditions should be connected to care.

The Task Force's draft recommendation statements and draft evidence review have been posted for public comment on the Task Force website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from April 12, 2022, to May 9, 2022, at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

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. Kubik is a professor with the School of Nursing, College of Health and Human Services at George Mason University. She is a nurse scientist, active researcher, and past standing member on the National Institutes of Health's Community-Level Health Promotion Study Section. Dr. Kubik is an advanced practice nurse and fellow of the American Academy of Nursing.

Dr. Pbert is a professor in the Department of Population and Quantitative Health Sciences, associate chief of the Division of Preventive and Behavioral Medicine, and founder and director of the Center for Tobacco Treatment Research and Training at the UMass Medical School.

**Contact: USPSTF Media Coordinator at [Newsroom@USPSTF.net](mailto:Newsroom@USPSTF.net) / (301) 951-9203**