

U.S. Preventive Services Task Force Issues Final 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. – October 11, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted final 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, 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 final 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.

“The Task Force reviewed the evidence on screening for anxiety, depression, and suicide risk to provide primary care professionals with guidance on how they can help support the mental health of children and adolescents,” says Task Force member Martha Kubik, Ph.D., R.N. “Fortunately, screening older children for anxiety and depression can identify these conditions so children and teens can receive the care that they need.”

For older children and teens, screening and follow-up 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 across all ages about screening for suicide risk in those who do not show signs or symptoms. This is an area where more research is critical.

“The Task Force cares deeply about the mental health of all children and adolescents. Unfortunately, there are key evidence gaps related to screening for anxiety and depression in younger children and screening for suicide risk in all youth,” says Task Force member Lori Pbert, Ph.D. “We are calling for more research in these critical areas so we can provide healthcare professionals with evidence-based ways to keep their young patients healthy.”

The Task Force recognizes that screening is only the first step in helping children and teens with anxiety and depression. Youth who screen positive need further evaluation to determine if they have anxiety or depression. 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 final 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 final recommendation statements and corresponding evidence summaries have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: <https://www.uspreventiveservicestaskforce.org>. Draft versions of the recommendation statements and evidence review were available for public comment from April 12, 2022, to May 9, 2022.

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.

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