Predicting Adolescent Depression and Suicide Risk Based on Preadolescent Behavioral Health Screening in Primary Care

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Objective: To examine the degree to which a broadband behavioral health screener administered in preadolescence in primary care (PC) could serve as an early risk indicator for depression and suicide risk in adolescence.

Methods: Participants included 9329 patients who attended well visits at 9 and 12 years old in a large pediatric PC network. The sample was 49% female, 64% White, 18% Black, 4% Asian, 14% other races, and 6% Hispanic/Latinx. Caregivers completed the Pediatric Symptom Checklist (PSC-17) about their child at age 9; youth completed the Patient Health Questionnaire-9 Modified for Teens (PHQ-9-M) at age 12.

Results: After adjusting for demographic covariates, patients scoring above the risk cutoffs on the PSC-17 total scale and subscales (internalizing, externalizing, and attention) at age 9 had significantly greater odds of elevated depression and/or suicide risk on the PHQ-9-M at age 12 (odds ratios: 2.41-4.23, P < .001). Approximately one third of patients with depression (sensitivity: 37.1%) or suicide (sensitivity: 33.3%) risk at age 12 were identified as at risk on the PSC-17 at age 9.

Conclusions: Results suggest that the PSC-17, a well-researched screener widely used in pediatrics, has moderate predictive value with respect to depression and suicide risk during adolescence. More research is needed on the feasibility and potential benefits of broadband behavioral health screening in preadolescence to promote early identification and prevention efforts.

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