Children's Hospital of Philadelphia PolicyLab

Trends in Adolescent Depression and Suicide Risk Screening and Symptom Monitoring in a Large Primary Care Network

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Objective

To examine long-term trends in adolescent depression and suicide risk screening and interim symptom monitoring in pediatric primary care (PC) following implementation of universal screening at well-visits.

Methods

This retrospective cohort study examined electronic health record (EHR) data from 406,192 well-visits of 12 to 17-year-old pediatric patients from 2018 to 2024 in a large PC network in the United States. Screening was conducted using the Patient Health Questionnaire-9: Modified for Teens (PHQ-9-M). We evaluated trends over time in well-visit screening compliance, depression and suicide risk rates, and rates and timing of interim symptom monitoring between well-visits.

Results

Screening compliance improved from 82.1% to 96.0% (?²MH[1] = 15,996.93, P<.001; 89.2% 7-year compliance). Annual depression and suicide risk rates were generally stable over time, with highest rates observed in 2021. Less than 8% of patients screening positive for depression risk and less than 7% of patients screening positive for suicide risk received interim symptom monitoring in PC between well-visits. However, rates of interim screens increased over time (?2MH[1] = 240.74, P<.001) and days from index well-visit to interim screen decreased by greater than 50%.

Conclusions

In the years following implementation of universal depression and suicide risk screening in a large PC network, screening compliance increased significantly. However, low rates of interim symptom monitoring for patients screening positive indicate a gap in secondary prevention. Improving risk-based follow-up procedures, including interim screening, in PC represents a critical next step to enhance the preventive potential of universal screening.

Journal:

Academic Pediatrics

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