Adolescent Depression Screening: Meeting the Mark, but Missing Opportunities

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Depression is one of the most common mental health issues in adolescents today and can have a direct impact on their health that continues into adulthood. The statistics on depression in children and adolescents in the U.S. illustrate the significance of the problem. The high school dropout rate is two times higher in adolescents with significant depression symptoms (National Alliance on Mental Illness (NAMI), 2022). Centers for Disease Control and Prevention (CDC) data from 2023 listed suicide as the second leading cause of death for ages 10-14 years and third for ages 15-19 years (CDC, 2025). Identifying and treating mental health issues, including depression, early in life are important to improve health outcomes later in life.

Both the American Association of Pediatrics (AAP) and the National Association of Pediatric Nurse Practitioners (NAPNAP) advocate for mental health services in primary care including screening, follow-up and referrals as needed (AAP, 2021; NAPNAP, 2020). As part of preventive care for adolescents during well visits, the AAP recommends screening for depression (AAP, 2021). Although identification of depression is a first step in the process, screening alone is not enough. Additional assessment and follow-up care are necessary for accurate diagnosis and treatment.

Depression in adolescence can have lifetime health consequences and is a frequent benchmark reportable measure to many reporting programs, such as federal and state grant programs, Healthcare Effectiveness Data and Information Set (HEDIS), Medicaid Core Set, and Medicare Merit-Based Incentive Payment System (MIPS), in hopes to improve outcomes. However, providers often report "click fatigue" and question whether screening improves outcomes. Morden et al (2022) found that there are various strategies to collect data and report measures, limited access to clinical data, and missing information concerning treatment. Reportable measures do not necessarily reflect actual patient care. A QI project in an independent pediatric primary care clinic in the Midwest was conducted by this author to improve depression screening, documentation and follow-up for adolescents who screen positive for depression during well child visits. Project data showed providers completed depression screenings in 95% of adolescent well visits. However, follow-up interventions were either not done or not documented in 46% of adolescents with mild depression. While screening assists with identification of individuals at higher risk for many conditions and disease processes, early intervention is important to improve health outcomes. In this case, failure to initiate discussions with adolescents experiencing mild depressive symptoms resulted in missed opportunities to diagnose and manage adolescent depression before symptoms progress.

The need for mental health services for children and adolescents is well-documented in the literature. Primary care providers are often the first point of contact for patients with mental health concerns. Established relationships in primary settings encourage adolescents to discuss health concerns and possibly receive services in a familiar setting. Mild to moderate depression can often be managed in the primary care setting, while those experiencing more severe depression or complex mental health issues may require referral to a mental health specialty provider. Connecting adolescents with appropriate community-based resources equipped to manage adolescent depression or other mental health concerns is

crucial. Efficient and effective methods for screening and tracking mental health services will have a positive impact by ensuring that children and adolescents are screened and receive services for mental health issues.

There are many resources available for primary care clinics that provide recommendations for establishing processes to screen, diagnose, and manage adolescents with depression and other mental health issues. The AAP has numerous resources available and has published Guidelines for Adolescent Depression in Primary Care (GLAD-PC), available in two companion documents. GLAD-PC provides recommendations for primary care practices to develop processes for screening, identifying and managing adolescent depression. This includes training for providers and clinic staff to increase knowledge, screening using validated screening tools, and developing collaborative relationships with community mental health resources to assist in management and referral as appropriate (Zuckerbrot et al., 2018). The guidelines also identify evidence-based clinical practice guidelines for treatment and management of adolescent depression (Cheung et al., 2018). A free GLAD-PC Toolkit is available that includes the recommendations, flowcharts and screening and diagnostic aids (The REACH Institute, 2018). The Kansas Department of Health and Environment (KDHE) also has a pediatric mental health toolkit for managing pediatric mental health issues in the primary care setting (KDHE, 2025). KSKidsMap, a telehealth network developed through a collaboration between KDHE and the University of Kansas School of Medicine, provides support for primary care providers in treating pediatric mental health issues including depression. (University of Kansas School of Medicine, 2025).

Training resources for providers and clinic staff are readily available and many are free. The REACH Institute offers in-person and online training on mental health issues for providers, therapists, and parents. (The REACH Institute, 2025). The Pediatric Nursing Certification Board (PNCB) has training available to earn pediatric mental health specialist certification for nurse practitioners (PNCB, 2025).

Treating and managing adolescent depression often requires a multidisciplinary team for severe or complex depression. The GLAD-PC recommendations for clinical management of mild depression align with primary care clinic disease management processes by prompting providers to engage in an initial period of active support and monitoring. If symptoms persist for longer than six to eight weeks, consideration of antidepressants and/or psychotherapy may be warranted (Cheung et al., 2018). It is important to engage adolescents and parents in targeted discussions about their symptoms, psychosocial stressors, and building resiliency through regularly scheduled visits during this period. Additional treatment can be initiated based on current evidence-based practice guidelines if symptoms persist. Adolescents with mild depression do not present in crisis and may be overlooked by providers. Early interventions are crucial to decrease long-term mental health consequences in vulnerable youth. Nurse practitioners are well trained in incorporating methods of primary, secondary, and tertiary prevention. Screening for depression, followed by discussions, development of treatment plans and collaborating with mental health specialists when appropriate are necessary to effectively manage the needs of adolescents with depression. ■

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