

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY

W W W . A A C A P . O R G

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May 9, 2022

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5600 Fishers Lane, Mail Stop 06E53A

Rockville, MD 20857

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Debra E. Koss, MD

Re: Draft Recommendation Statements on Screening for Anxiety and for
Depression and Suicide Risk in Children and Adolescents

Treasurer

Neal D. Ryan, MD

Dear Chair Dr. Mangione:

Chair, Assembly

of Regional Organizations
of Child and Adolescent Psychiatry
Marian A. Swope, MD

The American Academy of Child and Adolescent Psychiatry (AACAP) is grateful for the opportunity to share comments on the draft Recommendations Statements released by the U.S. Preventive Services Task Force (USPSTF) on screening for anxiety in children and adolescents and on screening for depression and suicide risk in children and adolescents. AACAP supports the recommendation to screen for major depressive disorder (MDD) in asymptomatic adolescents. AACAP also supports the recommendation to screen for anxiety in children and adolescents ages 8 to 18.

Past President

Gabrielle A. Carlson, MD

AACAP acknowledges that the review of literature, per the USPSTF inclusion criteria, yielded insufficient evidence regarding the benefits and harms of screening for anxiety and MDD in younger children and of screening for suicide risk in children and adolescents. However, the findings of the USPSTF do not consider the harm of *not* screening for anxiety, MDD and suicide in this age group. The prevalence of mental health-related emergencies today, including among children as young as 5 years old, suggests that the risk of not screening for these conditions has tragic consequences.

Balkozar S. Adam, MD

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Anita Kishore, MD

Shawn Singh Sidhu, MD

Jose Vito, MD

Sala Webb, MD

It is a nuanced point that there is insufficient evidence to support screening for suicide risk, which does not mean that there is evidence against screening for suicide risk. Quoting the U.S. Surgeon General's Advisory on Protecting Youth Mental Health (December 2021), "Suicidal behaviors among high school students also increased during the decade preceding COVID, with 19% seriously considering attempting suicide, a 36% increase from 2009 to 2019, and about 16% having made a suicide plan in the prior year, a 44% increase from 2009 to 2019. Between 2007 and 2018, suicide rates among youth ages 10-24 in the U.S. increased by 57%, and early estimates show more than 6,600 suicide deaths among this age group in 2020." Given the rising trends in adolescent suicide, AACAP recommends both depression and suicide screening in adolescents.

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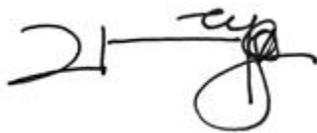
James J. McGough, MD

Additionally, AACAP requests that the USPSTF address inaccurate references to the AACAP “Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents with Anxiety Disorders¹,” as related to the USPSTF in the comment letter submitted by AACAP Committee on Quality Issue Co-Chairs, Heather J. Walter, MD, MPH and Carol Rockhill, MD, PhD, MPH.

The recommendations of the US Preventive Services Task Force have significant influence over whether health care providers implement clinical preventive services in their practices. While the USPSTF did not find sufficient evidence supporting screening of suicide risk leading to improved outcomes, in clinical practice screening for suicidality is an integral part of screening for depression. AACAP is concerned that the statement that there is insufficient evidence to screen for suicide risk underestimates the impact of suicide screening that is part of the evidence-based depression screening that the USPSTF meta-analysis support and that this inconsistency will be confusing to practitioners who are deciding on their approach to clinical care.

Given the steady rise morbidity and mortality associated with pediatric mental health in our nation, primary care and specialty providers alike should be encouraged to implement life-saving mental health screening tools regularly.

Thank you for your consideration of AACAP’s comments.

A handwritten signature in black ink, appearing to read 'W. Ng', with a stylized flourish at the end.

Warren Y.K. Ng, MD, MPH
President, American Association of Child and Adolescent Psychiatry

¹ Walter HJ, Bukstein OG, Abright AR, et al. Clinical practice guideline for the assessment and treatment of children and adolescents with anxiety disorders. *J Am Acad Child Adolesc Psychiatry*. 2020,59(10):1107-1124