

## Why are we Afraid to Screen Adolescents for Depression?

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Depression is the fourth leading cause of global burden of disease [1]. Depression is present in all regions of the world, significantly affecting the younger and older age groups (World Health Organization [WHO], 2000; Institute for Health Metrics and Evaluation [IHME], 2013) [2]. It is estimated that upwards of 8% of adolescents meet criteria for depression [3]. Depression during adolescence is a disabling condition that is associated with serious long-term morbidities and an increased risk of suicide [3-6]. It has been reported that among adolescents with major depression, as many as 7% commit suicide in their early adult years [7]. Yet despite these alarming statistics, adolescent depression often goes undiagnosed despite the availability of screening tools that have been demonstrated to be effective (National Institute for Health Care Management [NIHCM], 2010).

In the United States, the Affordable Care Act of 2010, recent federal legislation, places a strong emphasis on access to clinical preventive services including screening for depression [4]. New private health plans and insurance policies are required to offer depression screening for adolescents as well as adults at no cost to the consumer. This mandate is a step in the right direction but it leaves open issues such as: if adolescents are screened as at risk, will physicians and other health care professionals know where to refer these youth; will these youth have immediate access to comprehensive assessments and services; what services and supports will be in place for their families, peers, and teachers?

Critics of adolescent depression screening initiatives raise questions about whether the costs of these programs will outweigh the benefits. They raise concerns regarding whether schools are appropriate settings in which to conduct depression screenings. They argue that depression screening programs infringe on the rights and privacy of adolescents and parents. Critics question the effectiveness of depression screening measures. They cite the lack of available service options to treat adolescents who have identified needs. Critics worry that the prescribing of antidepressants to adolescents will increase dramatically and cite evidence of the harmful effects of SSRIs (e.g.,

increased suicide ideation, preparatory acts) in adolescents. Finally, critics cite the negative impact on adolescents that positive screenings will have in terms of stigmatization.

No matter what side of the debate one is on, the idea that doing nothing is somehow better than doing something just doesn't make any sense. In 2009, the United States Preventive Services Task Force recommended screening of adolescents [8]. The task force found adequate scientific evidence that the treatment of depression in adolescents decreases future major depressive symptoms. So what are we afraid of? We have the ability to effectively screen adolescents for depression. We have effective interventions for adolescents that improve the long-term course of the depression. As far as stigma goes, it will only decrease if we openly deal with the issue of depression as opposed to ignoring it.

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