



The Importance of Screening Adolescents for Depressive Disorders

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and

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Depression is one of the most common chronic conditions of adolescence. Studies estimate the prevalence of depression among older adolescents to be as high as 8.3 percent, with much less known about prevalence of, and risk factors for, depression among younger adolescents (ages 11-15).¹ Often depressive symptoms among teens are attributed to the normal stress of adolescence; misdiagnosed as conduct, attentional, or substance use disorders; or seen as a stage the teenager is going through.

However, there is a known association between depression and increased risk of suicide, with major depressive disorder conferring a 20-fold increased suicide risk over the general population.² The past 50 years have seen an almost three-fold increase in the rate of adolescent suicide.¹ The Centers for Disease Control and Prevention (CDC) has determined suicide to be the third leading cause of death for adolescents 15 to 19 years of age. Adolescent males commit suicide at a rate six times greater than the rate of females.³ For every completed suicide, an estimated one to two hundred (100-200) attempts are made.⁴ In 2003, 8 percent (approximately 1 million) U.S. teenagers attempted suicide.⁵ The CDC data indicate that one in five U.S. teenagers seriously considers suicide annually.

Early recognition is a critical step to reduce the prevalence of depression among older adolescents. Teen screening for early detection allows for more timely and effective management of depression and prevention of such negative outcomes.

Risk factors for suicide

While there are no absolute predictors of suicide, several factors are known to correlate with increased suicidal risk. Such factors include the following:

- a history of previous suicide attempt(s);
- current depression;
- other mental illness (e.g., severe panic disorder, psychotic illness with command auditory hallucinations);
- alcohol or drug use;
- family history of suicide;
- certain physical illnesses; and
- being or feeling alone.⁶

The World Health Organization (WHO) has identified additional risk factors for adolescent suicide, including being a victim of physical/sexual/emotional abuse or peer bullying; availability and access to weapons or means to complete suicide; exposure to others who have committed suicide; psychosocial stressors; recent loss through death; divorce or break up of a romantic relationship; feeling worthless and hopeless; poor coping skills; impaired

judgment; lack of impulse control; self-destructive behaviors; struggles with sexual identity; and rejection by family and peers.⁷

Warning signs of suicide risk

Warning signs of acute suicide risk include threats to hurt or kill one-self; looking for ways to hurt or kill oneself; and/or talking or writing about death, dying or suicide.⁸ Depression, feelings of sadness, lethargy, anxiety, irritability, or symptoms of sleep and eating disturbances, should alert all providers to the potential risk of suicide.⁹ Risk is greatest when an individual has the means, opportunity, a specific plan and clear intent to carry out the suicide, and when there is no compelling deterrent, according to the World Health Organization.⁹

Adolescent screening recommended

Beacon Health Strategies (BHS) concurs with the AACAP Practice Parameter for the Assessment and Treatment of Children and Adolescents with Depressive Disorders,¹⁰ as well as, the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) written by the American Academy of Pediatrics: All children, particularly those ages 13-18, should be screened for depressive symptoms, and other potential behavioral health conditions. Any child with a positive screen for depression, or other potential behavioral health condition, should be immediately assessed for the presence of suicidal ideation, plan, intent and means.¹¹

BHS can assist providers in screening for mental health conditions as well as in finding mental health services for their patients. You may call BHS' 24-Hour Clinical Access Line at (888) 204-5581 or go to BHS web site's provider section at www.beaconhealthstrategies.com for more information.

¹ Saluja G, Iachan R, Scheidt PC, Overpeck MD, Sun W, Giedd JN (2004). Prevalence of and risk factors for depressive symptoms among young adolescents. Arch Pediatr Adolesc Med, 158, 760-765.

² American Association of Suicidology (2007). Facts about suicide and depression. Available: www.suicidology.org² Centers for Disease Control and Prevention/National Center for Health

³ Statistics (1999). Death rates from 72 selected causes by 5-year age groups, race, and sex: United States, 1979-1997. Atlanta, GA.

⁴ American Association of Suicidology (2006). Youth suicide fact sheet. Available: www.suicidology.org

⁵ American Psychological Association (2007). Teen suicide is preventable. Available: <http://www.psychologymatters.org/teensuicide.html>

⁶ Center for Disease Control (2006) Understanding suicide fact sheet. Available: www.cdc.gov/injury

⁷ World Health Organization (2006) Preventing Suicide: Available: [A Resource for Counselors](#)

⁸ American Association of Suicidology (2007). Warning signs. Available: www.suicidology.org

⁹ World Health Organization (2006). Preventing Suicide: A Resource for Counselors.

Available: http://whqlibdoc.who.int/publications/2006/9241594314_eng.pdf

¹⁰ Practice Parameter for the Assessment and Treatment of Children and Adolescents With Depressive Disorders (2007), J Am Acad Child Adolesc Psychiatry, 46:11.

Available: <http://www.aacap.org/galleries/PracticeParameters/Vol%2046%20Nov%202007.pdf>

¹¹ Zuckerbrot RA, Cheung AH, Jensen PS, Stein R, Laraque D, GLAD-PC steering Group (2007). Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment and Initial Management. Pediatrics, 120, e1300-e1312.