Children's Hospital of Philadelphia
PolicyLab

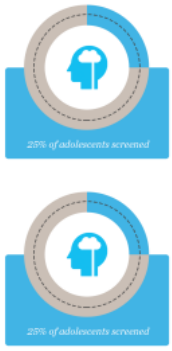
Screening for Depression in Primary Care Settings

Statement of Problem

Many teenagers experience difficulties with depression that can negatively affect their relationships, productivity in school and overall ability to function. Unfortunately, many of these adolescents go unidentified and, therefore, do not receive services to meet their needs. For this reason, the American Academy of Pediatrics has promoted primary care as an essential setting to identify and manage adolescent depression, with its most recent guidelines recommending depression screening at all well visits starting at age 12. Despite these recommendations, studies indicate that between 2005 and 2010, less than one percent of adolescents were screened for depression during primary care visits. In light of these challenges, there have been a number of innovative strategies that aim to enhance the feasibility and effectiveness of identifying adolescent depression in primary care.

Description

Improving Depression Screening in Adolescent Primary Care



After implementing a universal depression screening for youth ages 12-17, about 25 percent of youth had elevated symptoms of depression scores on the PHQ-9-M.

Starting in 2011, Children's Hospital of Philadelphia (CHOP) began conducting electronic screenings using the Patient Health Questionnaire – Modified for Teens (PHQ-9-M) to identify depression in primary care practices. CHOP integrated the PHQ-9-M into the electronic health record (EHR). At first, this initiative focused on adolescents attending their age-16 well-child visit, but CHOP recently expanded the program to include screening at all adolescent well visits. Feedback from the PHQ-9-M is provided to the primary care provider through the electronic health record, and the provider discusses these results with the patient and documents a

follow-up plan when needed.

Our team analyzed the PHQ-9-M data from age-16 well visits from 2014 to 2016 to examine rates of screening across CHOP's 31 primary care practices, calculate the percentage of adolescents with elevated depressive symptoms and better understand the follow up that these adolescents received. Several results from this study are notable. At practices using the PHQ-9-M, providers screened 76 percent of adolescents who attended their age-16 well visit. This is a considerable increase from the rates seen in national surveys and demonstrates that screening is feasible to implement when these tools are incorporated into the EHR and there is an organizational recommendation to screen.

Furthermore, one-quarter of adolescents screened had elevated scores on the PHQ-9-M in either the borderline or threshold range and only 22 percent of these adolescents were already receiving treatment. This indicates that the screening successfully identified adolescents with depressive symptoms who might benefit from services. Many of these adolescents received referrals for mental health services immediately after the screening and in the following year, and a large number also received active support and monitoring from their primary care providers. While our primary care providers are doing an excellent job supporting these adolescents, our findings suggest that they would benefit from additional support to connect adolescents with timely, high-quality services.

Next Steps

Recently, CHOP instituted depression screenings at all well-child visits starting at age 12. We plan to examine these data to see whether the rates of screening, elevated scores and follow up continue as this screening expands to more adolescents. Moving forward, it is imperative to ensure that youth identified with elevated symptoms of depression receive appropriate and timely care. For this reason, we are looking at ways to promote integrated care for adolescents with more significant depression and are examining the feasibility and effectiveness of delivering depression prevention programs in primary care for adolescents with borderline PHQ-9-M scores. We hope that these initiatives will not only identify adolescents in need of services, but will provide an opportunity for these adolescents to receive services that meet their unique needs in primary care.

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PolicyLab Leads

Jami Young
PhD

Faculty Member

Dr. Young has received funding from the National Institute of Mental Health (NIMH) for her research on Interpersonal Psychotherapy–Adolescent Skills Training (IPT-AST), a group preventive intervention for adolescent depression which targets interpersonal vulnerabilities for depression. She has conducted three randomized controlled trials of IPT-AST delivered in schools and has examined the effects of this program on a variety of mental health, interpersonal and school-related outcomes. Currently, Dr. Young has a collaborative R01 to conduct a personalized prevention study to examine whether the effects of depression prevention programs can be maximized by matching youth to programs based on their vulnerabilities for depression.

Dr. Young's research has also included the study of risk factors for later psychopathology. She was the principal investigator of a collaborative R01 longitudinal study of genetic, cognitive and interpersonal risk factors for youth depression. Most recently, Dr. Young has begun to examine the identification and management of adolescent depression in primary care settings.

In addition to her research, Dr. Young has been involved in national and international efforts to train community clinicians in evidence-based prevention and treatment interventions for adolescent depression. She also serves as an NIH Grant Reviewer for the Psychosocial Development, Risk and Prevention study section. Taken together, Dr. Young's work aims to decrease the incidence of adolescent depression and increase children's access to evidence-based assessment, prevention, and treatment of depression and other behavioral health conditions.

Dr. Young received her PhD in clinical psychology from Fordham University. She completed an NIMH-funded post-doctoral fellowship in the Department of Child Psychiatry at Columbia University. Prior to coming to CHOP, Dr. Young was at Rutgers University where she was an Assistant and Associate Professor of Clinical Psychology.

Jami Young
PhD
Email: YoungJf@chop.edu

Molly Davis
PhD

Faculty Member

Molly Davis is a faculty member at PolicyLab at Children's Hospital of Philadelphia (CHOP) and a licensed clinical psychologist in the Department of Child and Adolescent Psychiatry and Behavioral Sciences at CHOP. Additionally, she is an assistant professor of psychiatry at the Perelman School of Medicine at the University of Pennsylvania.

The overarching aim of Dr. Davis' research is to produce findings that can be used to improve the effectiveness and implementation of identification, prevention, and intervention programs for youth and families from underserved communities, with a particular focus on programs targeting depression and suicide risk. Dr. Davis has engaged in research across the translational research spectrum, allowing her to develop expertise in developmental psychopathology, prevention/intervention and implementation science research. She is particularly passionate about narrowing the research-to-practice gap in primary care and schools by identifying depression and suicide risk via screening and implementing evidence-based prevention programs to address risk. Dr. Davis is also invested in identifying barriers and facilitators to implementing evidence-based behavioral health practices that are common across different settings and clinical practices to accelerate implementation.

Currently, Dr. Davis works primarily on an Institute of Education Sciences (IES)-funded randomized controlled trial testing the efficacy and implementation of a telehealth-delivered group depression prevention program (Interpersonal Psychotherapy-Adolescent Skills Training; IPT-AST) for adolescents in schools. She is also collaborating with researchers at the University of Pittsburgh and CHOP on an National Institute of Mental Health (NIMH)-funded P50 Center, which focuses on testing novel suicide and depression prevention approaches in pediatric primary care, most of which involve digital mental health tools. Dr. Davis has also been studying depression screening, including risk rates and screening administration patterns, in pediatric primary care.

Dr. Davis received her PhD in Clinical Psychology from the University of Georgia (UGA). At UGA, she also earned a Quantitative Methods in Family Science Certificate, which provided her with training in advanced statistics. She completed her predoctoral clinical internship on the integrated behavioral health track at CHOP.

Molly Davis
PhD
Email: davismf@chop.edu

Alyssa McCarthy, MS

Funders of Project

Children's Hospital of Philadelphia

Project Contact

Jami Young

youngjf@email.chop.edu

Related Tools & Publications

- Mental Health in Hospitalized Kids
  Blog Post
  Oct 27, 2016
- Screening for Parental Depression in Urban Primary Care Practices: A Mixed Methods Study
  Article
  Nov 2016
- Translating Cognitive Vulnerability Theory Into Improved Adolescent Depression Screening: A Receiver Operating Characteristic Approach
  Article
  Jan 2018
- Youth Depression Screening with Parent and Self-Reports: Assessing Current and Prospective Depression Risk
  Article
  Feb 2019
- Behavioral Health: A Snapshot of a PolicyLab Research Portfolio
  Tools and Memos
  Aug 2025
- Parenting and Youth Onset of Depression Across Three Years: Examining the Influence of Observed Parenting on Child and Adolescent Depressive Outcomes
  Article
  May 2019
- Trajectories of Change in Maternal and Adolescent Depressive Symptoms in the Depression Prevention Initiative
  Article
  Jun 2019
- ‘Web of Violence’, Depression, and Impairment in a Clinical Sample of Adolescents
  Article
  May 2020
- Identification and Management of Adolescent Depression in a Large Pediatric Care Network
  Article
  Mar 2020
- Adolescent Depression Symptom Trajectories Detected Via Universal Screening in Pediatric Primary Care

Article
Aug 2023

- Emerging Risk of Adolescent Depression and Suicide Detected Through Pediatric Primary Care Screening
Article
Nov 2023

- Adolescent Depression Screening in Primary Care: Who is Screened and Who is at Risk?
Article
Feb 2022

- Predicting Adolescent Depression and Suicide Risk Based on Preadolescent Behavioral Health Screening in Primary Care
Article
Apr 2025

- Trends in Adolescent Depression and Suicide Risk Screening and Symptom Monitoring in a Large Primary Care Network
Article
Dec 2025