

Children as Young as 8 Should Be Screened for Anxiety, Experts Recommend

Draft guidance underscores pandemic's toll on adolescent mental health

The pandemic added new stressors including isolation, disruption of routine and uncertainty for children.

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By *Brianna Abbott*

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All children should be screened for anxiety starting as young as 8 years old, government-backed experts recommended, providing fresh guidance as doctors and parents warn of a worsening mental-health crisis among young people in the pandemic's wake.

The draft guidance marks the first time the U.S. Preventive Services Task Force has made a recommendation on screening children and adolescents for anxiety. The task force, a panel of independent, volunteer experts that makes recommendations on matters such as screening for diabetes and cancer, also reiterated on Tuesday its 2016 guidance that children between ages 12 and 18 years old should be screened for major depressive disorder.

“What the pandemic has done is, it exacerbated a pre-existing issue,” said Nasuh Malas, director of pediatric consultation and liaison psychiatry services at C.S. Mott Children's Hospital in Ann Arbor, Mich., who isn't on the task force. “These guidelines are a preliminary step to many, many steps that we need to take nationally as a community of people who are concerned about our youth.”

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Even before the pandemic, more children and adolescents in the U.S. were being identified with mental-health disorders or reporting poor mental health themselves. Based on parent reports, the percentage of children ages 6 to 17 that had been diagnosed with anxiety or depression increased from 5.4% in 2003 to 8.4% in 2011 to 2012, according to a study in the Journal of Developmental and Behavioral Pediatrics.

The pandemic added new stressors including isolation, disruption of routine and uncertainty. Many young people lost family members to Covid-19, got sick themselves or missed out on milestones like sports seasons, recitals and graduations. For some, particularly children who already experienced anxiety, heading back into the classroom after months of remote learning presented its own fears and struggles.

More than one-in-three high-school students reported experiencing poor mental health during the pandemic through June 2021, according to a Centers for Disease Control and Prevention survey of more than 7,700 students. About 44% said they had persistent feelings of sadness or hopelessness within the 12 months before the survey.

Another report on Tuesday highlighted a separate risk to teens that has recently intensified. Federal data show drug overdose deaths among adolescents ages 14 to 18 nearly doubled to 954 in 2020 from a year earlier, researchers from the University of California, Los Angeles found. Partial year data show this group is on pace to record 20% more overdose deaths in 2021.

There doesn't appear to be an increase in teens using drugs, according to the research published Tuesday by the Journal of the American Medical Association. But drug use has become more risky due to illegal forms of the opioid fentanyl, including fentanyl pressed into counterfeit pills, said Joseph Friedman, a UCLA addiction researcher and lead author of the report.

Regarding mental-health treatment, there is a dearth of specialists to meet the growing need among children, practitioners said. "In my practice right now, there are actually waiting lists to see therapists," said May Lau, medical director of the adolescent and young adult clinic at Children's Medical Center Dallas and an American Academy of Pediatrics fellow. "This issue of mental health has been on the back burner, but the pandemic has really brought it to the forefront."

A survey of primary-care physicians found that 76% believe in the importance of talking to adolescent patients about mental health but that only 46% said that they always brought it up with their patients, the task force said.

Screening children for anxiety and other mental-health disorders is often done through questionnaires for patients or parents, often at regular checkups. Some hospitals or medical centers also screen pediatric patients that come into the emergency room. Mental-health and pediatric experts said the benefits of screening include flagging mental-health risks in children who might not exhibit symptoms or whose symptoms overlap with other conditions.

"Not only does that open the opportunity for interventions for the children, but it enables the parents to learn skills and strategies to respond to their kids' anxiety that can be helpful in the long term," said R. Meredith Elkins, director of the McLean Anxiety Mastery Program at McLean Hospital in Belmont, Mass., who isn't a member of the task force.

Panelists who drafted the new mental-health screening recommendations reviewed 78 studies related to screening and treatment for anxiety, depression and suicide risk. None directly compared the effectiveness of screening with the effect of no screening. Instead, panelists analyzed the accuracy of screening tests as well as potential benefits and harms of treatment.

There wasn't enough evidence to make a recommendation for or against screening for suicide risk among asymptomatic adolescents, a leading cause of death in the age group, the task force said. In the CDC report on youth mental health in the pandemic, about 20% of surveyed high-school students said that they had seriously considered attempting suicide in the 12 months before the survey. There also wasn't enough evidence to make a recommendation on screening for anxiety in children younger than eight and depression in children younger than 12, respectively.

Lori Pbert, a member of the task force and a professor of Population and Quantitative Health Sciences at the University of Massachusetts Medical School, emphasized that the recommendations were for children and adolescents who aren't exhibiting symptoms. "Any child or teens that are expressing symptoms should be connected to care," she said.

The recommendations are drafts that will be open to public comment through May 9, after which the task force will issue final recommendations. Under the Affordable Care Act, many insurers are required to cover services recommended by the task force.

DO YOU NEED HELP?

The contact number for the National Suicide Prevention Lifeline is 1-800-273-8255.

The task force called for additional research into topics including screening for suicide risk and mental-health conditions among younger children and in relation to demographics including sex and race.

Jon Kamp contributed to this article.

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