Literature Review Findings

1. Beck A, Dryburgh N, Bennett A, Shaver N, Esmaeilisaraji L, Skidmore B, Patten S, Bragg H, Colman I, Goldfield GS, Nicholls SG, Pajer K, Meeder R, Vasa P, Shea BJ, Brouwers M, Little J, Moher D. Screening for depression in children and adolescents in primary care or non-mental health settings: a systematic review update. Syst Rev. 2024 Jan 31;13(1):48. doi: 10.1186/s13643-023-02447-3. PMID: 38291528; PMCID: PMC10829174.

This systematic review looked at the literature on the evidence of benefits and harms to screening for depression in primary care and non-mental health clinic settings among children and adolescents. They were unable to find any randomized controlled trials that satisfied eligibility criteria and evaluated the potential benefits and harms of screening for depression in children and adolescents.

1. Viduani A, Arenas DL, Benetti S, Wahid SS, Kohrt BA, Kieling C. Systematic Review and Meta-Synthesis: How Is Depression Experienced by Adolescents? A Synthesis of the Qualitative Literature. J Am Acad Child Adolesc Psychiatry. 2024 Feb 8:S0890-8567(24)00061-3. doi: 10.1016/j.jaac.2023.11.013. Epub ahead of print. PMID: 38340896.

This systematic review investigated how youth with lived experience report their experience of depression in terms of features of depression and in relation to themselves and their environment. They found 39 unique qualitative studies 884 individuals from ages 10-24 represented. Most studies were conducted in high-income countries (72.8%) and most participants were female (65%). Most frequent features of depression were sadness, social withdrawal, and loneliness. Three themes were constructed with the aim to synthesize youth’s accounts of their perceptions and experiences of depression: making sense, factoring in cultural and contextual influences, and accessing support and care. Some of the more common core features of depression are non-diagnostic features, which seemed to be more relevant and more directly connected to the experience of adolescents. Personal meaning and social agency play a large role in recovery. Diagnostic criteria are not entirely reflective of the lived experience of adolescents and young adults, including loneliness and social isolation.

1. Davis M, Jones JD, So A, Benton TD, Boyd RC, Melhem N, Ryan ND, Brent DA, Young JF. Adolescent depression screening in primary care: Who is screened and who is at risk? J Affect Disord. 2022 Feb 15;299:318-325. doi: 10.1016/j.jad.2021.12.022. Epub 2021 Dec 12. PMID: 34910961.

This study sought to describe screening and risk rates of depression in a large pediatric primary care network in the United States after the network expanded its universal depression screening guideline to cover all well visits. They found that females were more often screened, but African American adolescents were screened less often. Heightened depression risk was found in among adolescents who were female, 15-17 years of age at their first well-visit during the study, African American, Hispanic/Latino, attending urban primary care or insured through Medicaid. More equitable screening practices are needed to identify those at higher risk and provide resources.

1. Lewis FJ, Rappleyea D, Didericksen K, Sira N, Byrd J, Buton A. Bringing Inclusion Into Pediatric Primary Health Care: A Systematic Review of the Behavioral Health Treatment of Racial and Ethnic Minority Youth. J Pediatr Health Care. 2021 Nov-Dec;35(6):e32-e42. doi: 10.1016/j.pedhc.2021.04.002. Epub 2021 Jun 1. PMID: 34083102.

This systematic review synthesizes the behavioral health needs and treatment of racial and ethnic minorities in the primary care settings. The researchers found 40 articles meeting inclusion criteria. They found that youth may be under screened in social-emotional needs in primary care, and there are different prevalence rates in racial and ethnic minorities supporting screening needs in this population. No specific screener recommended. Integrated behavioral healthcare providers are recommended, such as in collaborative care model, but in the absence of that youth and families still need to be connected to external resources.

1. Kemper, A. R., Letostak, T. B., Hostutler, C. A., Stephenson, K. G., & Butter, E. M. (2021). Screening for Anxiety in Pediatric Primary Care: A Systematic Review. Pediatrics, 148(4), e2021052633. <https://doi.org/10.1542/peds.2021-052633>

Women's Preventative Services Initiative (WPSI) recommended screening for anxiety in women and adolescent girls aged 13 years or older who are not currently diagnosed with anxiety disorders, including pregnant and postpartum women. There were only 3 studies included (2 screening, 1 treatment); future research considerations include whether screening should be to identify those with subclinical symptoms of anxiety to provide interventions to prevent progression to an anxiety disorder, since CBT can reduce anxiety symptoms in at risk children and adolescents. Also, should youth be screened separately for each type of behavioral health problem or should it be more holistic such as using the PSC-17 and the Behavioral Health Checklist. Pediatricians who choose to implement anxiety screening according to the WPSI recommendations or for other patients should ensure that strategies are in place to maximize the potential benefits (e.g., ensure that patients and families know about the goal of screening, communicate the risk of false-positive and false-negative screen results, facilitate follow-up care, and monitor treatment outcomes).

1. Damodar, S., Lokemoen, C., Gurusamy, V., Takhi, M., Bishev, D., Parrill, A., Deviney, M., Person, U., Korie, I., & Branch, R. (2022). Trending: A systematic review of social media use’s influence on adolescent anxiety and depression. Adolescent Psychiatry, 12(1), 11–22. <https://doi.org/10.2174/2210676612666220225122720>

This systematic literature review evaluates the influence of social media use on adolescent anxiety and depression. Literature from 2010-2020 from PubMed was completed. The authors found 23 articles meeting eligibility criteria, including 10 literature reviews, 9 systematic reviews, 2 observational studies, 1 experimental study and 1 meta-analysis. SM (social media) found to be associated with depression in about 82% of articles, and most common mechanisms were cyberbullying, social perspective, diminished self-esteem, and sleep disturbance. About 78% of the studies found an association with anxiety, and most commonly associated through the proposed mechanisms of social perspective, diminished self-esteem, sleep disturbance and cyberbullying. While these associations were found, there is little quantitative, temporal or dose-response relationships evidence. Screen time restrictions and/or online social therapy may be beneficial but are not thoroughly evaluated. The authors suggest completion of a thorough history to aid in deciphering the impact of SM use on an individual adolescent’s well-being, such as asking about time spent online, online activity content, cyberbullying experience, night-time use, self-esteem, motivation, relationships and sexual relationships, risky behavior, peer groups and emotional investment. Adolescents should be educated on warning signs that may indicate a maladaptive or addictive relationship with SM (inability to put phone away, night-time use, replacement of in-person relationships for passive consumption of online media, or prioritizing SM image over academics/hobbies.

1. Kuhns, L.M., Carlino, B., Greeley, K. et al. A chart review of substance use screening and related documentation among adolescents in outpatient pediatric clinics: implications for practice. Subst Abuse Treat Prev Policy 15, 36 (2020). <https://doi-org.offcampus.lib.washington.edu/10.1186/s13011-020-00276-4>

This study conducted a retrospective chart review of a large academic medical center to describe the distribution and characteristics of adolescent substance use screening in outpatient clinics and assess related factors. The authors abstracted a random sample of 127 records patients aged 12-17, and coded clinical notes. Rates of screening were 72% for common substances (alcohol, marijuana, tobacco), and the primary method of screening was through clinical mnemonic cues rather than standardized screening tools. 6% of patients reported substance use on screening. Adolescents who were older and identify as a racial/ethnic minority were associated with provider screening. Failure to use standardized tools and universal approach contributed to bias in screening among PCPs.

1. Reif S, Brolin M, Beyene TM, D'Agostino N, Stewart MT, Horgan CM. Payment and Financing for Substance Use Screening and Brief Intervention for Adolescents and Adults in Health, School, and Community Settings. J Adolesc Health. 2022 Oct;71(4S):S73-S82. doi: 10.1016/j.jadohealth.2022.04.012. PMID: 36122974; PMCID: PMC9945348.

Screening and brief intervention (SBI) is an evidence-based, cost-effective practice to address unhealthy substance use. The authors conducted a narrative review to determine payment and financing approaches for SBI with adolescents and to describe related barriers and facilitators for its sustainability. The authors found reimbursement rates for SBI are generally low, and studies have focused on cost effectiveness of SBI for adults. Most peer-reviewed studies are in clinical settings, and school-based settings are more often described in gray literature. Increasing activation and use of insurance billing codes and the expansion of SBI beyond healthcare is encouraging to address unhealthy substance use by adolescents. Financial incentives may be more successful if payment is tied to specific outcomes or benchmarked performance.

1. Becker, T.D., Castañeda Ramirez, S., Bruges Boude, A. et al. Interventions for prevention and treatment of substance use in youth with traumatic childhood experiences: a systematic review and synthesis of the literature. Eur Child Adolesc Psychiatry (2023). <https://doi-org.offcampus.lib.washington.edu/10.1007/s00787-023-02265-x>

This systematic review sought to understand state of the literature on interventions for prevention or treatment of SUDs among adolescents (10-24) with a history of trauma, with or without PTSD. 33 articles met eligibility criteria, 20 (10 RCTs) of which evaluated interventions for substance use and co-occuring problems among youth with a history of trauma, predominantly via individual therapy based on cognitive behavioral principles. Interventions with exposure-based components were infrequent but have robust results and minimal adverse outcomes Youth with a history of trauma face elevated risks of SUD, and may respond differently to different SUD treatments. Long-term preventative interventions focused on prosocial skills and parenting quality. Group interventions focused on skill-development and empowerment have all been found to be effective.

1. Sheidow AJ, McCart MR, Drazdowski TK. Family-based treatments for disruptive behavior problems in children and adolescents: An updated review of rigorous studies (2014-April 2020). J Marital Fam Ther. 2022 Jan;48(1):56-82. doi: 10.1111/jmft.12567. Epub 2021 Nov 1. PMID: 34723395; PMCID: PMC8761163.

This review builds on previous work through updating the literature on evaluation of family-based treatments for (1) children with disruptive behavior, (2) adolescents with disruptive behavior, and (3) adolescents with juvenile justice involvement. 27 new RCTs were identified from 2014-202 period, which when combined with previous RCTs result in 3 well-established, 11 probably efficacious and 7 possibly efficacious family-based treatment categories. Parents preferred options with technology facilitated interventions, but technology based programs are not universally effective. Family based therapies seem to be more easily replicated in childhood. There were almost no interventions studies for adolescents without justice involvement. Issues remain including the limited number of family-based treatments for adolescents.

1. Zuckerbrot RA, Cheung A, Jensen PS, et al. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management. Pediatrics. 2018;141(3):e20174081

This clinical practice guideline assists primary care clinicians in the management of adolescent depression; this part addresses practice preparation, identification, assessment and initial management of adolescent depression in primary care settings. The guidelines include recommendations for (1) the preparation of the PC practice for improved care of adolescents with depression; (2) annual universal screening of youth 12 and over at health maintenance visits; (3) the identification of depression in youth who are at high risk; (4) systematic assessment procedures by using reliable depression scales, patient and caregiver interviews, and Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition criteria; (5) patient and family psychoeducation; (6) the establishment of relevant links in the community; and (7) the establishment of a safety plan.

1. National Center for School Mental Health (NCSMH, 2023). School Mental Health Quality Guide: Screening. NCSMH, University of Maryland School of Medicine.

This is a quality guide providing information to help school mental health systems advance quality of their services and supports. This particular guide includes information about screening best practice, possible action steps, examples from the field and resources.