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AMERICAN COLLEGE OF PREVENTIVE MEDICINE RECOMMENDS ALL PRIMARY CARE PRACTICES HAVE SYSTEMS IN PLACE FOR THE DEPRESSION SCREENING FOR ALL PERSONS OVER THE AGE OF 12.

Washington, D.C. - The American College of Preventive Medicine (ACPM) supports the recommendations of the US Preventive Services Task Force (USPSTF) that primary care practitioners should screen adolescents age 12 to 18 and all adults for depression and further recommends that all primary care practitioners should have systems in place to ensure the accurate diagnosis, referral, and treatment of this conditionⁱ. This also aligns with policy statements of the American College of Physiciansⁱⁱ, American Academy of Family Physicians^{iiiiv}, the American Academy of Pediatrics^v and the American College of Obstetricians and Gynecologists.^{vi}

Depression is a potentially life-threatening disorder that affects approximately 21 million Americans aged 18 years and older and 5 million adolescents aged 12 to 17 experiencing a major depressive episode in 2021, representing 8.3% and 20.1% of the U.S. population respectively, per the National Survey on Drug Use and Health (NSDUH). The prevalence of major depressive episode was higher among adult females (10.3%) compared to males (6.2%), highest among individuals aged 18-25 (18.6%) and highest among those who report having multiple (two or more) races (13.9%). The prevalence of major depressive episode was higher among adolescent females (29.2%) compared to males (11.5%) and was highest among adolescents reporting non-Hispanic multiracial (27.2%) and Hispanics (22.2%).^{vii} The STAR*D (Sequenced Treatment Alternatives to Relieve Depression) study found that nearly 40% had their first depressive episode before the age of 18. In addition, approximately 61% of adults and 44% of adolescents with depression received treatment.^{viii}

The earliest and best opportunities to identify depression are in the clinics of primary care practitioners and all primary care practices should have such systems of care in place. The integration of behavioral health into primary care is an opportunity to reduce barriers to comprehensive depression care. The Collaborative Care Model (CCM) is an evidence-based approach to integrate mental health with primary care. CMM's are characterized by multidisciplinary team, integrated care, measurement-based care, patient-centered care and systematic screening. A 2022 narrative review by Reist et al. concluded that CMM increases access to mental health care and is more effective, cost efficient, with greater patient satisfaction and adaptability to specific patient populations than the current standard of care for treating common mental illnesses.^{ix}

While there are a multitude of depression screening options available, the consensus is clear that having a systematic approach to screening implementation, with or without clinical decision support, increases detection.^x However, barriers remain – including perceived patient resistance, time constraints, concerns about administration, psychometrics, and overarching screening goals and lack of confidence/resources to address symptoms.^{xi}

Per the Community Preventive Services Task Force, universal and targeted school-based cognitive behavioral therapy programs are recommended to reduce depression and anxiety among students in general and those at increased risk. The Task Force also recommends collaborative care for the management of depressive disorders. Known barriers to care, including absent/insufficient insurance coverage and lack of trained mental health experts, remain concerns once screening is completed and additional care is needed.^{xii}

There are currently nearly 4000 research studies identified on the National Library of Medicine clinical trials website regarding depression, with the majority focused upon treatment options.

Foundational research is needed in primary care populations and other specific populations that may have unique engagement or implementation needs based upon risk, including determining which tools should be used and how screening for suicide risk should be implemented. While there is consensus on the importance of screening, the benefits of screening rely upon the assumption of effective treatment.

While routine screening has been shown to be cost effective for all age groups of females and young, middle-aged males.^{xiii, xiv} The possibility of false positives and false negatives remain and are dependent upon the test used, disease prevalence, and risk characteristics of the population screened. This indicates that the approach to depression screening must take these factors into account and that it is unlikely that any one strategy will be universally beneficial.

The American College of Preventive Medicine is the national professional society for physicians committed to disease prevention and health promotion. ACPM's 2,400 members are engaged in preventive medicine practice, teaching, research, and advocacy for national policies that promote health and prevent disease. ACPM maintains an active presence on Capitol Hill and among the many federal agencies and non-governmental organizations that shape national health policy.

ⁱ US Preventive Services Task Force; Barry MJ, Nicholson WK, Silverstein M, Chelmow D, Coker TR, Davidson KW, Davis EM, Donahue KE, Jaén CR, Li L, Ogedegbe G, Pbert L, Rao G, Ruiz JM, Stevermer JJ, Tsevat J, Underwood SM, Wong JB. Screening for Depression and Suicide Risk in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. 2023 Jun 20;329(23):2057-2067. doi: 10.1001/jama.2023.9297. PMID: 37338872.

ⁱⁱ Crowley RA, Kirschner N Health and Public Policy Committee of the American College of Physicians. The integration of care for mental health, substance abuse, and other behavioral health conditions into primary care: executive summary of an American College of Physicians position paper. *Ann Intern Med*. 2015;163(4):298-299.

ⁱⁱⁱ American Academy of Family Physicians. Clinical preventive service recommendation. Depression. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/depression.html>. Accessed May 12, 2025.

^{iv} Savoy ML, O'Gurek DT. Screening Your Adult Patients for Depression. *Fam Pract Manag*. 2016 Mar-Apr;23(2):16-20. PMID: 26977984

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- ^{vii} Substance Abuse and Mental Health Services Administration. (2022). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report>
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- ^x Blackstone SR, Sebring AN, Allen C, Tan JS, Compton R. Improving Depression Screening in Primary Care: A Quality Improvement Initiative. *J Community Health*. 2022 Jun;47(3):400-407. doi: 10.1007/s10900-022-01068-6. Epub 2022 Jan 25. PMID: 35076803; PMCID: PMC8787741.
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- ^{xii} Guide to Community Preventive Services. Mental Health and Mental Illness: Collaborative Care for the Management of Depressive Disorders. <https://www.thecommunityguide.org/findings/mental-health-and-mental-illness-collaborative-care-management-depressive-disorders.html>. Page last updated: November 3, 2018.
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