In a recently released article in *Pediatrics* (10.1542/peds.2021-051507), Dr. Stephanie Mayne and colleagues add to our understanding of adolescent mental health concerns, specifically the impact of the COVID-19 pandemic on depression and suicidality screening in the primary care setting. The authors examined rates of screening, rates of positive screening for depression, and rates of positive screening for suicide risk among adolescents ages 12-21 attending well care visits in their large primary care network in Philadelphia, which includes nearly 300,000 patients. They compared a pre-pandemic epoch (June-December 2019) with a pandemic epoch (June-December 2020) with respect to the 3 main questions noted: how many adolescents were screened, how many had a positive screen for depression, and how many had a positive screen for suicide risk? Their practices use the PHQ-9-M to screen, recommended by the AAP GLAD (Guidelines for Adolescent Depression in Primary Care) guidelines, which screens for symptoms of depression and includes one question about current thoughts of self-harm and 2 supplemental questions about past thoughts.

These key mental health questions are ones that so many of us have wondered about throughout the pandemic, and it's terrific to see this investigation done so carefully, thoughtfully and with such a large sample size. Many clinicians will not be surprised to learn that rates of positive screens for depression increased 24% from the pre-pandemic to the pandemic epoch, while rates of positive screens for suicide risk also increased, though less (16%). The authors examined outcomes by sex and by social constructs (race/ethnicity, insurance type and neighborhood income), giving a richness, and complexity to the results; I won't spoil your discovery of what these analyses including demographic factors revealed.

There is so much more to learn, as the authors note. Additional research is needed about "the ones that got away," meaning adolescents who were not seen for well care and hence did not get screened, and those who went directly to the emergency department for mental health concerns, as well as follow up of positive screens in primary care. Another recent article in *Pediatrics* from Dr. Alex Kemper and colleagues explored other aspects of primary care screening for depression and suicide, and identified much higher rates of positive screens, but without the same pandemic associated variation, research is needed to understand the differences between these populations and studies, which might represent clues to prevention or mitigation of mental health problems.

**References:**


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