Depression Is a Deadly Growing Threat to Our Youth: Time to Rally

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In this month's issue of *Pediatrics*, Mojtabai and colleagues[1] sound an alarm with 2 critical public health updates; depression is significantly on the rise in adolescents, with a 12-month prevalence of 11.3% in 2014 versus 8.7% in 2005. Furthermore, despite this disturbing development, the percentage of young people with a history of past-year major depressive episodes seen by primary care providers for depression care is only ~10% and has not appreciably budged in the past decade.

The second point is disappointing because it occurs despite a 2007 American Academy of Pediatrics statement,[2] which could have possibly had an impact on the comparison between 2005 and 2014. This statement strongly encouraged all pediatricians to recognize and identify the risk factors for suicide, then the third leading cause of death for adolescents 15 to 19 years old, of which depression was and remains the most substantial.[3,4] These low and stagnating rates of youth depression treatment provided in primary care settings are not fully surprising, however. Other studies have documented at least partially convergent findings; 55.1% of pediatricians in 2004 versus 60% in 2013 reported screening or inquiring about depression, whereas 17.5% in 2004 versus 24.3% in 2013 reported treating, managing, or comanaging depression,[5] similar to a 2008 study reporting that the same large majority of ~75% pediatricians did not consider treating youth depression as among their responsibilities.[6] This is congruent with and not better than an earlier 2001 study in which 26% to 27% of primary care pediatricians felt responsible for treating depression in children and adolescents[7] and most commonly cited the probably highly intercorrelated lack of training and lack of confidence as obstacles to providing such treatment.

The combination of these 2 findings leaves us with some new urgency. The causes behind a rise in adolescent depression should be investigated scientifically. The other problem, that of ever-increasing untreated youth depression, concerns all of us at a time when suicide is now the second leading cause of death for adolescents aged 15 to 19 years.[8] Depression is a sizeable and growing deadly threat to our US adolescent population. The prioritization of youth depression treatment of our US population health is imperative. In fact, the American Academy of Pediatrics recently updated its 2007 statement on recognizing suicide risks with a recommendation to routinely screen youth aged 11 to 21 for depression.[9,10] Sadly, even if this important update influences primary care providers to screen more youth, there will never be enough qualified mental health specialists to take care of the 2.8 million or more adolescents per year, who, if screened and identified, will need treatment and monitoring for depression.[10,11]

The most recently updated Accreditation Council for Graduate Medical Education program requirements for graduate medical education in Pediatrics[11,12] and Child and Adolescent Psychiatry[12] are such

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that trainees in neither specialty are clearly required to gain specific skills to tackle the plague of youth depression at a population level. In the Pediatrics requirements, the 1 specialty where learning to treat youth depression could be a large focus, it is not listed as 1 of the 13 key subspecialties from which 4 educational units are required. It is listed among 13 other subspecialties, from which up to 3 can be electively chosen for a rotation, in competition with all the key subspecialties. In the Child and Adolescent Psychiatry requirements, outpatient collaborative care is not mentioned.

Is it not time for educational requirements that reflect the urgent needs of our pediatric patients?

REFERENCES

1. Mojtabai R, Olfson M, Han B. National trends in the prevalence and treatment of depression in adolescents and young adults. *Pediatrics*. 2016;138(6):e20161878
2. Shain BN; American Academy of Pediatrics Committee on Adolescence. Suicide and suicide attempts in adolescents. *Pediatrics*. 2007;120(3):669–676
3. Nock MK, Green JG, Hwang I, et al. Prevalence, correlates, and treatment of lifetime suicidal behavior among adolescents: results from the National Comorbidity Survey Replication Adolescent Supplement. *JAMA Psychiatry*. 2013;70(3):300–310
4. Riihimäki K, Vuorilehto M, Melartin T, Haukka J, Isometsä E. Incidence and predictors of suicide attempts among primary-care patients with depressive disorders: a 5-year prospective study. *Psychol Med*. 2014;44(2):291–302
5. Stein REK, Storfer-Isser A, Kerker BD, et al. Beyond ADHD: How well are we doing? *Acad Pediatr*. 2016;16(2):115–121
6. Stein REK, Horwitz SM, Storfer-Isser A, Heneghan A, Olson L, Hoagwood KE. Do pediatricians think they are responsible for identification and management of child mental health problems? Results of the AAP periodic survey. *Ambul Pediatr*. 2008;8(1):11–17
7. Olson AL, Kelleher KJ, Kemper KJ, Zuckerman BS, Hammond CS, Dietrich AJ. Primary care pediatricians' roles and perceived responsibilities in the identification and management of depression in children and adolescents. *Ambul Pediatr*. 2001;1(2):91–98
8. Centers for Disease Control and Prevention. CDC Wonder [database]: mortality query. Available at: http://wonder.cdc.gov. Accessed August 10, 2016
9. Shain B; Committee on Adolescence. Suicide and suicide attempts in adolescents. *Pediatrics*. 2016;138(1):e20161420
10. Center for Behavioral Health Statistics and Quality. Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). 2015. Available at: www.samhsa.gov/data. Accessed August 10, 2016
11. Accreditation Council for Graduate Medical Education Program Requirements for Graduate Medical Education in Pediatrics. Currently in effect (7/1/2016). Available at: www.acgme.org/Specialties/Program-Requirements-and-FAQs-and-Applications/pfcatid/16/Pediatrics. Accessed August 10, 2016
12. Accreditation Council for Graduate Medical Education Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry. Currently in effect (7/1/2016). Available at: www.acgme.org/Portals/0/PFAssets/ProgramRequirements/405_child_and_adolescent_psych_2016.pdf. Accessed August 10, 2016

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